



TechAdvance Registration Form

**This information is required to maintain a permanent record of your non-credit activity in Mason's student information system. If this information is not provided at the time of your registration the permanent record cannot be retroactively created.
A separate registration form is required for each class enrollment.*

(Please print your Full Legal Name as it appears on your state issued ID card or passport)

* Mr. Ms.
Please Check One

First	Middle	Last	G Number (Mason ID #)
_____	_____	_____	_____

* Previous Name (If used at Mason)

First	Middle	Last	* Date of Birth
_____	_____	_____	_____

Employer _____ Job Title _____

Work Address _____ * Home Address _____

City / State / Zip _____ * City / State / Zip _____

* Preferred Email _____ * Preferred Mailing Address Home Work

* Phone Home _____ Work _____ Cell _____

How did you hear about Mason's TechAdvance Program? _____

Would you like to receive our monthly OCPE e-newsletter? Yes No

Please record your course selection. Go to <http://volgenau.gmu.edu/techadvance/> for course information:

Course #	Section	Course Title	Start Date	End Date	Days	Location	Tuition

Check discount box if appropriate: (only one discount may be applied)

<input type="radio"/> 10% Discount for George Mason University Alumni (Please provide G Number above)	Total Tuition \$ _____
<input type="radio"/> 10% discount for three or more from your company (please register at the same time)	- Discount \$ _____
<input type="radio"/> Other _____	Payment Total \$ _____

Note: If anticipated payment is not received by your company/sponsor, you are personally liable for all course fees. Please initial here to indicate you have read this statement: _____

Method of Payment <input type="radio"/> Visa/Mastercard <input type="radio"/> Check <input type="radio"/> P.O. <input type="radio"/> SLM Loan <input type="radio"/> Wells Fargo Loan <input type="radio"/> DD 1556 <input type="radio"/> SF 182	
Credit Card Number: _____	Expiration Date: _____
Cardholder Name (Please Print): _____	Cardholder Signature (Required): _____
Cardholder Phone: _____	

Space confirmed upon receipt of registration fee or purchase order. Make checks payable to George Mason University/OCPE

Mail to: George Mason University Office of Continuing Professional Education 4400 University Dr, MS 2G2 Fairfax, VA 22030-4444	Call: 703-993-2109 with questions on how to register. Fax: 703-993-2121 to register with a Visa or MasterCard or purchase order (please include P.O. with registration)
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Refund Policy: We recognize you may occasionally need to cancel your registration. You can substitute another individual in your place prior to your start. If you wish to receive a refund we must receive your written request for cancellation no less than seven business days prior to the course start date. If you request a refund, a \$60.00 processing fee is deducted. We are sorry that we cannot provide a refund if we receive your written cancellation in six or fewer business days before the start of the course. If you have requested a refund it may take several weeks to process. Refunds for check payments may take up to six weeks since refunds are cut through the Commonwealth of Virginia. **Payments will be refunded to the person/company that issued the original check to George Mason University.** Processing of refunds to debit or credit cards will vary based on your financial institution.

Transfer Policy: For a **one-time transfer request**, a \$30 processing fee will be assessed. Request for a transfer must be made in writing **no less than seven business days** prior to the event start date. The transfer must be scheduled within one year of the original registration date, and is on a space available basis.

Attendance Policy: To receive a certificate, a 75% or better attendance record must be achieved. Certificates may take up to two weeks to process once your program has concluded.

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