## **How to Register**

Use this form for Personal Development courses

ON THE WEB www.gscs.rice.edu

BY PHONE 713-348-4803, Monday-Friday, 8:30 a.m.-5:00 p.m.

**BY FAX** Fax the completed registration form with credit card information to 713-348-5213.

**BY MAIL** Send the completed registration form with payment to Rice University, Glasscock School of Continuing Studies, Mail Stop 550, P.O. Box 1892, Houston, TX 77251-1892. Make checks payable to Rice University.

**IN PERSON** Mon-Fri, 8:30 a.m.-5:00 p.m., Center for Continuing Studies, Entrance #8, University Boulevard at Stockton.

## Participant Information (USE FOR 1 OR 2 PARTICIPANTS)

PARTICIPANT 1	IF YOU DO NOT WISH TO RECEIVE INFORMATION ON NEW PROGRAMS VIA E-MAIL, CHECK HERI			MAIL, CHECK HERE [
FIRST NAME, M.I., LAST NAME		E-MAIL ADDRESS		
HOME ADDRESS	CHECK IF HOME ADDRESS IS NEW	CITY	STATE	ZIP CODE
TELEPHONE/DAY	TELEPHONE/EVENING	FAX		
BUSINESS ORGANIZAT	TION			
BUSINESS ADDRESS	CHECK IF BUSINESS ADDRESS IS NEW	CITY	STATE	ZIP CODE
SPECIAL COURSE ACC	ESSIBILITY NEEDS			
ARE YOU A RICE ALUM	1? ☐ YES, CLASS OF FACULTY/STAFF?* ☐ \	/ES, EXT	CURRENT RICE STUDENT?*	YES, ID #
FIRST NAME, M.I., LAST NAME		E-MAIL ADDRESS		
HOME ADDRESS	CHECK IF HOME ADDRESS IS NEW	CITY	STATE	ZIP CODE
TELEPHONE/DAY	TELEPHONE/EVENING	FAX		
BUSINESS ORGANIZAT	TION			
BUSINESS ADDRESS	CHECK IF BUSINESS ADDRESS IS NEW	CITY	STATE	ZIP CODE
SPECIAL COURSE ACC	EESSIBILITY NEEDS			
ARE YOU A RICE ALUM? TYES, CLASS OF FACULTY/STAFF?*		/ES, EXT	CURRENT RICE STUDENT?*	☐ YES, ID #
*if you are rice faculty, s rolling. Or you may regi	staff or student, please call 713-348-4803 to determin ister online at www.gscs.rice.edu and the correct disc	e what, if any, disc ount will be applie	ount applies to the course(s) i ed automatically.	n which you are en-

## Course Information

<ol> <li>COURSE NAME AN</li> </ol>		
	ID START DATE	
THIS COURSE IS FOR	: PARTICIPANT 1	PARTICIPANT 2
COURSE NO.	FEE\$	TOTAL \$
2. COURSE NAME AN	ID START DATE	
THIS COURSE IS FOR	: PARTICIPANT 1	PARTICIPANT 2
COURSE NO.	FEE\$	TOTAL\$
3. COURSE NAME AN	ND START DATE	
THIS COURSE IS FOR	: PARTICIPANT 1	PARTICIPANT 2
COURSE NO.	FEE\$	TOTAL\$
	GRAND TOTAL	- \$
IF YOU ARE USING A SPECIFY ORGANIZAT		IAL DISCOUNT, PLEASE R NUMBER
Payme	ent Info	rmation
CHECK ENCLO	SED (PAYABLE TO	RICE UNIVERSITY)
	RSITY GLASSCOC	ATTACHED (PAYABLE K SCHOOL OF
□VISA □ MASTI	ERCARD AN	MERICAN EXPRESS
CARD NUMBER		