



# WILLIAM JAMES COLLEGE

## Continuing Professional Education Registration Form

### Please Print

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Occupation \_\_\_\_\_ License No. \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email (required for notifications) \_\_\_\_\_

Course Title	Start Date	Program Code	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL ENCLOSED \_\_\_\_\_

**Register and Pay Online at [www.williamjames.edu/ce](http://www.williamjames.edu/ce)**

Make check or money order (do not mail cash) payable to William James College/CE

Mail to: **William James College/CE | One Wells Avenue | Newton, MA 02459**

*Upon receipt of registration and payment, William James College will consider your registration confirmed. We will notify you by email if there is a problem with your registration.*

### Payment Method

Payment enclosed: Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bill my institution: P.O.# \_\_\_\_\_

Name of institution \_\_\_\_\_

Contact person \_\_\_\_\_

Contact phone number \_\_\_\_\_

Please charge my credit card (check appropriate credit card box)

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_



### FOR OFFICE USE ONLY

Date	Per	Paid	Notes
_____	_____	_____	_____