



CENTER FOR INCLUSIVE DESIGN & ENVIRONMENTAL ACCESS

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Continuing Education Mail-in Registration

Contact Information:

Last Name First Name

Address City State Zip

Telephone Number: _____
Day Evening

E-mail Address: _____

Please help us better meet your educational needs by supplying the following:

Profession: _____

Employer: _____

Indicate the course(s) you would like to be enrolled in:

<u>Course Title</u>	<u>Fees</u> (\$250.00/course)
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

TOTAL FEES INCLUDED \$ _____

Please mail completed registration form and check payable to the **IDEA Center** to:
IDEA Center Continuing Education, c/o Jordana Maisel
University at Buffalo
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