

**Southwestern NH Educational Support Center and Continuing Education at Keene State College  
Non-credit Professional Development Registration Form**

*\*Information is required for your accurate academic record. Please print clearly.*

\_\_\_\_\_  
Last Name\*                                      First Name\*                                      Middle Initial                                      Other Names Used at KSC (Last, First, Middle)\*

\_\_\_\_\_  
Date of Birth\*                                      E-mail Address\* (required for parking permit)                                      School Name

\_\_\_\_\_  
Home Mailing Address – Street\*                                      Home Mailing Address – City\*                                      Home Mailing Address – State\*                                      Home Mailing Address –Zip\*

\_\_\_\_\_  
Home Phone (w/ area code)                                      Business Phone (w/area code)\*                                      Cell Phone (w/ area code)

Course/Workshop Title*	Course/Workshop Location*	Course/Wkshp Date(s)*	Cost*
		<b>Total Cost:</b>	

\_\_\_\_\_ **Please make checks payable to Keene State College**

Student Signature

Please charge \_\_\_\_\_ to my credit card (Visa/Mastercard only) \_\_\_\_\_

Account Number

Exp. Date

\_\_\_\_\_

Cardholder's Signature

Cardholder's Billing Address (if different from above)

\_\_\_\_\_  
Purchase Order Number                                      Purchase Order Amount                                      Purchase Order Organization

\_\_\_\_\_  
Purchase Order Street                                      Purchase Order City                                      Purchase Order State                                      Purchase Order Zip

**Please address purchase order invoice to the attention of:** \_\_\_\_\_

**Registration form can be faxed to 603-358-2569 or  
mailed to: Continuing Education, Keene State College, 229 Main Street, Keene, NH 03435-2605**