



Morehead State University

Continuing Education Registration Form

Participant Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Telephone _____ Cell Phone _____ Email _____

Course Name _____

Start Date _____ End Date _____

Fee _____ Method of Payment: Cash
Personal Check or Money Order (payable to Morehead State University)
Credit Card

Credit Card Information

Card Holder Name _____

Billing Address _____

City _____ State _____ Zip _____

Visa

Master Card

Discover

American Express

Credit Card Number _____ Expiration Date _____ Security Code _____

Signature _____

Mail to: Continuing Education, 33 Allie Young Hall, Morehead, KY 40351
Questions: 606-783-2875 or email b.maxwell@moreheadstate.edu