STONY BROOK UNIVERSITY SCHOOL OF PROFESSIONAL DEVELOPMENT – Registration Form NCE 330 ADOBE WEB DESIGN CERTIFICATE PROGRAM

Name:				
Last 4 Digits of SS#	or Stony Brook ID #			
Address:	City/State/Zip:			
Daytime Phone #	Evening Phone #			
Email Address:				
	Certificate Program Bre	akdown → Please	Complete	:
COURSE #	COURSE NAME	TIME	STA	RT/END DATES
NCE 327	Adobe Fireworks CS4			
NCE 328	Adobe Dreamweaver CS4			
NCE 329	Adobe FLASH CS4			
		F	ee:	\$1315
		Registrat	ion Fee:	\$20
		T	OTAL:	\$1335

You are enrolled upon receipt of your registration form and fee. Full refunds will be given for courses cancelled by SPD only. Once payment is processed there is a \$35 cancellation fee. Send registration form with payment to:

School of Professional Development Social and Behavioral Sciences Building Room N-250 Stony Brook, New York 11794-4314

Phone: (631) 632-7022 * Fax: (631) 632-5794 * Email: amy.margolies@stonybrook.edu

To pay with one of the following credit cards: MasterCard, Visa, Discover card or American Express, you MUST complete the Credit Card Authorization Form. Checks should be made payable to: **SUNY at Stony Brook IFR 900012**. CASH PAYMENTS MUST BE PAID DIRECTLY TO THE BURSAR'S OFFICE.

**NOTE TO BURSAR: Deposit into IFR 900012 and return registration form with receipt to Amy Margolies at zip = 4314. KEEP THE CREDIT CARD AUTHORIZATION FORM FOR YOUR RECORDS.

School of Professional Development Stony Brook University SBS N-250 Stony Brook, NY 11794-4314

CREDIT CARD AUTHORIZATION FOR IFR 900012

(Must be accompanied by a registration form)

Student Name:				
Address:				
City/State/Zip:				
Last 4 digits SS#:	Or Stony Brook ID#			
	or every process and			
Check One:				
Check One.				
American Express	Discover			
Master Card	VISA			
Payment Information:				
Card Number:				
Expiration Date:	Security Code:			
·	·			
Zip Code:	Authorized Amount: \$			
•	·			
Card Holder's Name:				
Card Holder's Signature				
Out a Floride of Originature				

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