



enrollment form

ENROLL BY MAIL: University of California Extension
10420 Bubb Road
Cupertino, CA 95014

ENROLL BY PHONE: (800) 660-UNEX (8639) inside California
Monday – Friday, 8am - 5:30pm

ENROLL BY FAX: (831) 421-0344

FULL NAME

Mr. Mrs. Ms.

LAST NAME: _____

FIRST/GIVEN NAME: _____

MIDDLE NAME: _____

HOME ADDRESS

STREET: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____

SOCIAL SECURITY NO.: _____ - _____ - _____

(To take advantage of the Taxpayer Relief Act, please provide your SSN)

DAYTIME PHONE: () - _____

EVENING PHONE: () - _____

EMAIL: _____

(May be used to announce special UCSC Extension Programs)

PLEASE ENROLL ME IN:

Silicon Valley Executive Business Program
Cupertino, September 21 – December 8, 2007

COURSE NUMBER: 19998-002 (X400.053 BUSAD)
ENROLLMENT FEE: \$5595

Enclosed is a check for \$_____. All fees must be paid at the time of enrollment.
Make checks payable to: **Regents, University of California**

Charge to: VISA MasterCard American Express Diners Card NOVUS (Discover Card, BRAVO, or Private Issue)

CREDIT CARD NO.: _____

EXPIRATION DATE: _____

AUTHORIZING SIGNATURE: _____

Credit Card Billing Address (if different than home address above)

STREET: _____

CITY/STATE/ZIP: _____

For disability accommodation, call (831) 427-6606; TTY (831) 427-6696. Seventy-two hours in advance requested.