



Geospatial Mapping & Data Visualization

Geospatial Mapping & Data Visualization Program Registration

Please complete this form and return to the Continuing Education office in person or by mail to the address below. If you would like to fax in your registration form, send to 530-898-4020. *Please do not include your credit card number when faxing, RCE will contact you for it when your fax is received.*

Participant Registration Information:

Participant Name: Last _____ First _____ M.I. _____

Organization: _____

Date of Birth*: / / Phone: () - Email: _____
MM DD YY

Address: _____
Number Street Room / Apt. City State Zip

Registration Option: Bundle of 3 Modules: \$800 Core Module Only: \$400 Core + Carto Module: \$600 Core + Fulcrum Module: \$600

Payment Information:

Payment Method: VISA MasterCard Check payable to: CSU, Chico Research Foundation Purchase Order *(Please mail or fax. Info below.)*

Card Number: _____

Card Expiration (Month & Year) _____ 3 Digit Security Code: _____ Name on Card: _____

Billing Address if Different from Above: _____

Signature: _____ Date: _____

Additional Participant Registrations:

If you are registering 3 or more people, we will deduct \$25 from each person's registration amount.

Participant #2					
First Name	Middle Initial	Last Name	Date of Birth	Email Address	Phone Number
Street Address			City, ST	Zip	
Registration Option: <input type="checkbox"/> Bundle of 3 Modules: \$800 <input type="checkbox"/> Core Module Only: \$400 <input type="checkbox"/> Core + Carto Module: \$600 <input type="checkbox"/> Core + Fulcrum Module: \$600					
Participant #3					
First Name	Middle Initial	Last Name	Date of Birth	Email Address	Phone Number
Street Address			City, ST	Zip	
Registration Option: <input type="checkbox"/> Bundle of 3 Modules: \$800 <input type="checkbox"/> Core Module Only: \$400 <input type="checkbox"/> Core + Carto Module: \$600 <input type="checkbox"/> Core + Fulcrum Module: \$600					
Participant #4					
First Name	Middle Initial	Last Name	Date of Birth	Email Address	Phone Number
Street Address			City, ST	Zip	
Registration Option: <input type="checkbox"/> Bundle of 3 Modules: \$800 <input type="checkbox"/> Core Module Only: \$400 <input type="checkbox"/> Core + Carto Module: \$600 <input type="checkbox"/> Core + Fulcrum Module: \$600					
Participant #5					
First Name	Middle Initial	Last Name	Date of Birth	Email Address	Phone Number
Street Address			City, ST	Zip	
Registration Option: <input type="checkbox"/> Bundle of 3 Modules: \$800 <input type="checkbox"/> Core Module Only: \$400 <input type="checkbox"/> Core + Carto Module: \$600 <input type="checkbox"/> Core + Fulcrum Module: \$600					