

Registration Form

Please use this form for all Continuing Education events. Most events are available for online registration at www.ptsem.edu/ce.
THIS FORM MAY BE DUPLICATED.

Event Title	Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about these events? _____

Personal Information

Preferred title: Ms. Mr. Miss Mrs. Dr. Rev. Other _____

Name _____
Last First MI

Mailing address Home Business Church
Address _____

City _____ State _____ Zip code _____ Home phone _____
Business phone _____ Fax _____ Email _____

This is a new address.

Male Female

Current PTS Field Education or C.P.E. supervisor (must check for discount.)

Your profession _____

Check here if you do NOT wish to receive monthly email about future events.

Lodging (Event Participants and/or Independent Study)

Arrival date _____ Departure date _____

Single bed private bath—\$60 rate per night

Single bed shared bath—\$50 rate per night

Double bed private bath—\$75 rate per night (sharer's name) _____

Family room—\$85 rate per night (room can accommodate up to 4 people) (sharers' names) _____

PAYMENT OF FULL PROGRAM FEE IS REQUIRED TO COMPLETE REGISTRATION

Cancellations and Refunds

One-day Events

If you cancel your registration up to two weeks before an event start date, your fees will be refunded, minus a \$10 processing fee.

Cancellation after the two-week cut-off date for one-day events:

Three business days or more notice—refund is 50% of fees paid; Less than three business days notice—no refund

Multiday Events:

If you cancel your registration up to two weeks before an event start date, your fees will be refunded, minus a \$25 processing fee.

Cancellation after the two-week cut-off date for multiday events:

Seven business days or more notice—refund is 50% of fees paid; Less than seven business days notice—no refund

Fees

_____ Event fee (commuter or resident)

_____ Lodging—independent study, extra nights for event (rate x number of nights)

_____ Total

Enclosed is payment in the form of:

Visa MasterCard Check (US funds only payable to Princeton Theological Seminary) Cash (in person only)

Credit card number _____ Expiration date _____

Name as it appears on your credit card (please print) _____

Billing address (include zip code) _____

Send along with total fee to:

Registrations, Center of Continuing Education, 20 Library Place, Princeton, NJ 08540-6824 FAX: 609.497.0709