



Alliant Department of Lifelong Learning & Professional Development On-Site Registration Form for CE credits

Name: _____ License #: _____

E-mail: _____ Degree: _____

Workshop / Seminar Title:

Instructor(s):

Date(s):

Location (s):

Number of CE's:

TOTAL PAYMENT: \$ _____

Emotionally Focused Therapy (EFT) Programs	\$35.00
R-PAS	\$30.00
Other Programs	\$20.00
Alliant Alumni	\$16.00
Alliant Current Faculty Members and Students	Free (There is no need to complete the form)

Check: # _____ (Please insert this form with check)

Payable to: Alliant International University-CE
Address: Alliant Department of Lifelong Learning & Professional Development
10455 Pomerado Road, San Diego, CA 92131-1799

Credit Card (circle one) VISA Master Card (We do not accept American Express/Discover)

Cardholder's Name: _____ Phone Number: _____

Street Address: _____

City / State / Zip: _____

Card Number: _____ Exp. Date: _____

For questions, comments, or concerns about CE credit for this Seminar/Workshop please email,
The Department of Lifelong Learning & Professional Development at Alliant International University at
ce@alliant.edu .

Thank you for your attendance!