

Technology Courses for Pitt Faculty and Staff Registration Form

Last name _____ First name _____

Job title _____ Department/School _____

Campus building _____ Room # _____

Campus street address _____

Work phone () _____ - _____ E-mail address _____

How did you hear about the technology courses? _____

Course #	Title	Date	Fee
Total Amount			\$

Payment Method:

1. ___ Interdepartmental charge

Account # _____ - _____ - _____ - _____ - _____

Approval (print) _____

Approval (signature) _____

2. ___ Check, payable to University of Pittsburgh

3. ___ Credit card

___ MasterCard ___ Visa

Card # _____ Expiration date _____

Signature _____

Return this form to: CGS, 4th Floor, Cathedral of Learning, Pittsburgh, PA 15260
Phone: 412-624-6600 Fax: 412-624-5461

For office use:

date rec'd _____ recorded _____ payment processed _____