TRAINING REGISTRATION FORM: SPRING QUARTER 2004

▶ Registrant Information:

Name: _______________________________________________________

Department: ___________________________________________________

Campus Mail Address: ___________________________________________

Work Phone: ___________________________________________________

S.U. Staff ID # or Soc. Security # (Required)

Mail Code: ___________________________________________________

Email: _______________________________________________________

Affiliation (check one): ___ University Staff  ___ Student

___ Faculty ___ Visiting Scholar/ Post Doctoral

___ SLAC Staff ___ Temporary Staff

___ SUH/LPCH Staff ___ Other (please specify)

▶ Course and Payment Information for University Employees, Students, and Other Affiliates

(SLAC, Stanford Hospital, and LPCH employees skip to appropriate section on next page)

Course Number: __________________________  Section: ________________  Fee Amount: $____________________

Payment method:  □ STAP Funds: $____________  □ Personal Check (add 8% to course fee): $____________

Project: __________  Task: __________  Award: __________  Amount: $____________

Account Approver's Signature: ____________________________________________  Print Name: _______________________

Course Number: __________________________  Section: ________________  Fee Amount: $____________________

Payment method:  □ STAP Funds: $____________  □ Personal Check (add 8% to course fee): $____________

Project: ________  Task: ________  Award: ________  Amount: $__________

Account Approver's Signature: ____________________________________________  Print Name: _______________________

Course Number: __________________________  Section: ________________  Fee Amount: $____________________

Payment method:  □ STAP Funds: $____________  □ Personal Check (add 8% to course fee): $____________

Project: ________  Task: ________  Award: ________  Amount: $__________

Account Approver's Signature: ____________________________________________  Print Name: _______________________

Supervisor Approval (REQUIRED for all University Staff)

Supervisor's Signature: ____________________________________________  Phone Number: _______________________

Fax to: 725-0995  or  Mail to:
Training Registration
Birch Trailer
Mail Code 4128
Stanford, CA 94305

Please use additional forms if you wish to register for more courses.
Course and Payment Information for SLAC Employees

Instructions:
1. Fill out the “Registrant Information” section on previous page.
2. Write in the Course Number, Section, and Fee Amount below. Do not write in the grey boxes.
3. Complete a SLAC Staff Training Request Form.
4. If you are paying wholly or partially using SLAC funds, complete a SLAC Registration Payment Form.
5. Submit all forms to SLAC Training & Development Office, Mail Stop #11 for processing. DO NOT send forms directly to Training Registration. For more information, call the SLAC Development Office at ext. 2265.

- Course Number: __________________________
  Section: __________________
  Fee Amount: $ ______________________

(To be completed by SLAC Training & Development Office)

- Course Number: __________________________
  Section: __________________
  Fee Amount: $ ______________________

(To be completed by SLAC Training & Development Office)

- Course Number: __________________________
  Section: __________________
  Fee Amount: $ ______________________

(To be completed by SLAC Training & Development Office)

Training and Development Office Approval: _______________________________________________________________

Course and Payment Information for Stanford Hospital and LPCH Employees

Instructions:
1. Fill out the “Registrant Information” section on previous page.
2. Write in the Course Number, Section, and Fee Amount below.
3. If you are paying wholly or partially using Stanford Hospital Tuition Assistance, check the box and write in the dollar amount. You must also complete a Tuition Assistance Application per Stanford Hospital policy, and attach a photocopy to this registration form.
4. If you are paying wholly or partially by personal check, mark the box and write in the dollar amount; be sure to include the 8% surcharge. Make checks payable to Stanford University. Write a separate check for each class.
5. Send registration, with attached photocopy of Tuition Assistance form, to address shown in the box below.

- Course Number: __________________________
  Section: __________________
  Fee Amount: $ ______________________

Payment method: ☐ Tuition Assistance: $ _______ ☐ Personal Check (add 8% to course fee): $ _______

- Course Number: __________________________
  Section: __________________
  Fee Amount: $ ______________________

Payment method: ☐ Tuition Assistance: $ _______ ☐ Personal Check (add 8% to course fee): $ _______

- Course Number: __________________________
  Section: __________________
  Fee Amount: $ ______________________

Payment method: ☐ Tuition Assistance: $ _______ ☐ Personal Check (add 8% to course fee): $ _______

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