



The Gill Center
401 College Avenue
Ashland, OH 44805
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ASHLAND UNIVERSITY
PROFESSIONAL DEVELOPMENT SERVICES
GILL CENTER FOR BUSINESS AND ECONOMIC EDUCATION

Date: _____ Social Security Number: _____
(mo.) (day) (year)

Name: _____ Phone: (_____) _____
(last) (first) (middle) (area code)

Other names under which you have registered: _____

Home Address: _____
(number & street) (city) (state) (zip) (county)
_check if new address

Date of Birth: _____ Gender: _ male _ female E-mail (optional): _____
(mo.) (day) (year)

Place of Employment: _____ Work Phone: (_____) _____
(District) (School) (area code)

_ Black or African American _ American Indian or Alaska Native _ Asian

_ Hispanic or Latino _ White _ Native Hawaiian or other Pacific Islander

Workshop No.	Cr. Hrs.	Workshop Title

Credit: _ Undergraduate _ Graduate _ CEU Signature _____

Payment Due Upon Registration

Method of Payment:
_ Check #

Net Cost: _____

_ Credit Card ___ MC ___ Visa ___ Discover ___ AMEX

Total Cost: _____

_____ Exp. Date

I hereby authorize the use of my credit card for payment of the above listed graduate credit workshop charges.

Signature of Credit Card Holder

Ashland University admits students with disabilities and those of any sex, race, age, religion, color and national or ethnic origin.

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