

Registration Form
WVU Parkersburg Community Education Classes

Name: _____

Telephone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Email: _____

Class Title	Start Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		Total _____

Please tell us how you learned about our Community Education Classes

Flyer Friend WVUP Website Facebook Employer Other: _____

Did you sign up for this class to increase your job skills? _____

If Yes, who is your employer? _____

Are you a WVUP alumni? ___ yes ___ no

If yes and you would like to find out more about the alumni association please visit www.wvup.edu/alumni

Mail Registration to:

WVU at Parkersburg
WED Community Education Registration
300 Campus Drive
Parkersburg, WV 26104

Email Registration to:

wed@wvup.edu

Note: Students will be invoiced once the minimum number of participant registrations are received. Please leave a valid e-mail address so that you may receive your invoice.