



The Cooper Institute Course Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____

Course Name/Date: _____ Price: _____

Course Name/Date: _____ Price: _____

Course Name/Date: _____ Price: _____

Total: _____

Method of payment:

Check/Money Order (payable to The Cooper Institute)

Credit Card: Master Card Visa American Express

Card Number: _____ Expiration: _____

3-Digit Security Code: _____ Signature: _____

Amount Enclosed: _____

Please mail to the attention of "Course Registration" at the address listed below:

The Cooper Institute, 12330 Preston Road, Dallas, TX 75230

Fax forms to: 972-341-3227 or

Email to: courses@cooperinst.org