



Florida Atlantic University

College of Architecture, Urban and Public Affairs
Florida Institute for Safety and Construction

Registration Form

Name _____ Address _____
 City _____ State _____ Zip _____
 Home Telephone _____ Work Phone _____ Other Phone _____
 e-Mail address _____
 Company Name _____
 Company Address _____

Course Number	Course Name	Start Date	Fee
Total Enclosed			



Check / Name on Check _____
 Company P.O.#(FAX copy to 954-229-4163) _____
 Bill to the attention of: _____
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Make checks payable to
Florida Atlantic University

Mail completed form to
Florida Atlantic University
Florida Institute for Safety and Construction
 1515 West Commercial Blvd.
 Fort Lauderdale, FL 33309

Register by phone: 866-518-5780

Web site: www.fau.edu/fisc

For Office Use Only

Agent _____ Date _____
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