

STOCKTON UNIVERSITY | SCHOOL OF HEALTH SCIENCES

Registration Form

All fields marked with an * MUST be filled out in order for your registration to be processed.

*Course Title *Course Date

*Name Maiden Name

*Address

*City *State *Zip Code

*Phone Number *Birth Date

*Email Z Number

Professional License Number
***If seeking CEs or CEUs this field must be completed.**

Payment Amount \$

Payment Options:

Check: Make check payable to Stockton University with memo section indicating name of event

Credit Card: A secure payment link will be sent to the email address provided above.

Purchase Order: Provide business name and contact information below. **If your purchase order is not honored, you are personally responsible for the cost of the course.**

Once the registration form and payment are received you will be enrolled into the class. If the class fills before we receive both your completed registration form and payment, you will be added to a waitlist.

Contact Information:

Email: kent.mayhew@stockton.edu

Fax: 609-652-4858

Mailing Address: Stockton University
School of Health Sciences
101 Vera King Farris Dr
Galloway, NJ 08205

Please call us at 609-652-4501 with any questions.