



Registration /Substitution Form

Course Date_____

Course #_____

Course Title_____

Substitute For_____

Registrant Name_____

Company_____

Title_____

Address_____

City

State

Zip Code

Phone (H)_____ Phone (C)_____

Email_____

Course Fees Total \$_____

For Office Purposes Only

Entered On_____

Entered By_____

Order #:_____

Payment Information

Please make checks payable to UW Madison

Payment Type

___ Check ___ Cash

Check #_____