

1. Course Information

Name: Hunter's Safety
Date(s): Sept. 11-12, 2009
Time: Friday 5:00-10:00 & Saturday 9:00-2:00
Location: DeMoss Hall, 1090, Liberty University, Lynchburg, VA.
Cost: Free
CEU: 1 Continuing Education Unit (CEU)

2. Registration Information

Name: _____
(As you would like for it to appear on a certificate -- Please PRINT clearly)

*Company: _____

*Address _____

*Phone: _____

*Fax: _____

*Email: _____

**Work contact information please.*

3. Payment Information

Type: Cash Check *(*Make check to Liberty Univ. with "Hunter's Safety" in Memo area.)*
 Credit/Debit card Purchase Order *(P.O. number: _____)*

Credit Card: _____ Name on card: _____

Number: _____ Expiration date: _____

Amount: _____

Signature: _____ Date: _____

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Office Use Only:
Date Fee Received _____
Certificate Made _____
Certificate Delivered/Mailed _____