

1. Course Information

Name: Beginning Russian
Date(s): September 24; October 1, 8, 15, 22, 29; November 5, 12, 19
Time: 7:30pm-8:30pm
Location: DeMoss 1077
Cost: \$75.00
CEU: (One) 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 "German" in Memo area.)*
 Credit/Debit card Purchase Order *(P.O. number: _____)*

Credit Card: _____ Name on card: _____

Number: _____ Expiration date: _____

Amount: _____

Signature: _____ Date: _____

Kristen A. Lilly
Center for Professional and Continuing Education
DeMoss Hall 2016
Liberty University
Lynchburg, VA 24502
Ph: 434-592-4718 Fax: 434-582-2297
Email: kalilly@liberty.edu

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