



2020 TCU Fall Virtual Seminar Registration Form

Name: _____ M _____ F _____

Home address: _____ Apt.# _____

City: _____ ST _____ Zip _____

Cell or home phone number: _____

Preferred email address: _____

School name: _____

District: _____

Business office contact: _____

Business office email/phone: _____

~~~~~ For course offerings and dates please visit the Fall Virtual Seminar program tab at [www.ap.tcu.edu](http://www.ap.tcu.edu) ~~~~~

Enroll me in the following Course: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

\_\_\_\_\_ \$175 Tuition      \_\_\_\_\_ \$200 Late Tuition (0-7 days prior to class beginning)

For payment with a purchase order, fax or mail this form with your purchase order. If paying with a credit card, please go to our website to register under the Fall Virtual Seminar program tab at [www.ap.tcu.edu](http://www.ap.tcu.edu).

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