



Concordia University · College of Education
275 Syndicate Street North · St. Paul, MN 55104

Request for CEU (Cost for each is \$25.00-Only One CEU per course)

PLEASE PRINT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: __ (____) _____

Email: _____

Name of Course(s) You Completed: _____

Purchase Orders cannot be processed. If you have any questions, call the Center for Inclusive Child Care at 651-603-6265. Please make your checks payable to: **Concordia University** and mail this form to:

**Center for Inclusive Child Care
Concordia University
275 N. Syndicate St.
St. Paul, MN 55104**

Check - Amount enclosed \$ _____ **Make checks payable to: Concordia University**

Payment option two:

Credit Card: Visa Master Card **Amount to be applied to the credit card:**

\$ _____

Card # _____ Exp. Date _____

V Number (The last 3 digits on the signature line on the back of the card.): _____

Billing address of credit card:

____ Yes ____ No - I would like to subscribe to the Center for Inclusive Child Care's free newsletter. (You will receive an email notice from the CICC, containing a link to the newsletter when a new issue is released.)