

Check Payment

Please print out this form, check the events you wish to attend, fill out the Registration Form below and mail, with your check made payable to "Florida Institute of Technology", to the address indicated.

If you have questions please call Melissa at (321) 674-8962

- ___ \$100.00 - Disaster Recovery Symposium (includes lunch)
___ \$ 75.00 - CIAB Annual Awards Dinner
___ \$ _____ Donation to Construction Industry Advisory Board (CIAB) Endowment

Total enclosed \$ _____

Mail to:
Florida Institute of Technology
Office of Development
Attn: Disaster Recovery Symposium
328 West Hibiscus Blvd.
Melbourne, FL 32901

Florida Institute of Technology

NONCREDIT COURSE APPLICATION

APPLICATION DATE _____	List any other name under which you have enrolled at any institution.
MR. _____	
NAME MS. _____	
<i>Last (Family)</i> <i>First</i> <i>Middle</i>	
MAILING ADDRESS _____	
<i>Street and Number</i> <i>City</i> <i>State</i> <i>ZIP</i>	
TELEPHONE _____	E-MAIL _____
<i>Home</i> <i>Business</i>	
BUSINESS NAME _____	
DATE OF BIRTH _____	PLACE OF BIRTH _____
	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	CITIZENSHIP _____
	<i>Country</i>
U.S. CITIZEN (<i>Ethnic group {optional} used for reports to governmental and scholarship-granting agencies.</i>)	
<input type="checkbox"/> 1-African American <input type="checkbox"/> 2-Hispanic American <input type="checkbox"/> 3-Asian American <input type="checkbox"/> 4-Native American/Eskimo <input type="checkbox"/> 5-White American	
INTERNATIONAL <input type="checkbox"/> Permanent U.S. Resident (<i>Resident Alien Card proof required</i>)	<input type="checkbox"/> 9-Foreign National
	VISA TYPE (<i>Provide copy</i>) _____
NAME OF COURSE _____	INSTRUCTOR _____
HOW DID YOU LEARN ABOUT FLORIDA TECH? <input type="checkbox"/> Professor <input type="checkbox"/> Employer <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Peterson's Guides	
<input type="checkbox"/> Other publication or Web site (<i>list</i>) _____	
FOR OFFICE USE ONLY: CEUs apply <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of CEUs _____ Student I.D. Number _____	

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