

**UNIVERSITY
TEST PREP
SUMMER 2008
SAT/ACT INSTITUTE
REGISTRATION FORM**

Submit Registration Form and Payment to:

Academic Enrichment and Conferences
1600 Hampton St. Annex, Suite 208
Columbia, SC 29208
803.777.9444 Phone
803.777.2663 Fax
confs@gwm.sc.edu
http://saeu.sc.edu/testing

Last Name _____ First _____ MI _____

E-Mail _____ Phone _____ Student ID (If unknown, last 4 of SSN) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Program Schedule

| Program | Days | DATES | Time | Location | Register |
|--|--|----------------------------|----------------------|-----------------------------------|-------------------------------------|
| Classroom Sessions Columbia I: PD08-0014 | Mon – Thurs | July 21 – 24, 2008 | 9:00 AM – 3:00 PM | 1600 Hampton St Annex, Rm. 108 | <input type="checkbox"/> |
| Classroom Sessions Columbia II PD08-0015 | Mon – Thurs | August 4 – 7, 2008 | 9:00 AM – 3:00 PM | 1600 Hampton St Annex, Rm. 108 | <input type="checkbox"/> |
| Online Meeting Dates* | Thursdays | 08/14, 08/28, 09/11, 09/25 | 6:00 – 7:30 PM | Online | <input checked="" type="checkbox"/> |
| Early-bird Discount Registration Fee** | Session I: Register On or Before: 07/07/2008 Session II: Register On or Before 07/21/2008 | | | \$449.00 | |
| Registration Fee** | Session I: Register After: 07/08/2008 Session II: Register After: 07/22/2008 | | | \$499.00 | |

*NEW! Online meetings are conducted as live interactive web meetings as a supplement to the classroom program.

**Discounts may not be combined with other offers or discounts.

Carolina Alumni Association members:

Carolina Alumni Association members and their immediate family receive a **5% discount** on select programs sponsored by Academic Enrichment and Conferences.**

Alumni Association Member ID: _____

Not a Carolina Alumni Association member?

Check here to receive information about a **FREE** one year membership as our gift to you!** **Up to a \$45 value!**

Payment Please indicate your payment type below. Make checks payable to USC. Tax I.D. Number 57-6001153.

Payment Method Visa MasterCard Discover Check

Name on Card _____ Amount to Pay \$ _____

Card Number _____ Expiration _____

Cardholder Signature _____ Date _____

Cancellation Policy. Requests must be in writing at least 30 days prior to course start date; requests received less than 30 days in advance are not eligible for refund. Refunds, when issued, will be charged a \$100.00 processing fee. Personal checks returned due to insufficient funds are returned to sender with registration form. USC reserves the right to cancel any course which does not meet acceptable enrollment levels; full refunds will be issued to those registered at time of cancellation.



AEC Office Use Only

ENR _____ MTH _____ \$ _____ APRVL _____ A _____ RFDate _____