

Please print out this form and complete all fields.

YOUR INFORMATION

| | | | |
|---------------------|--------------|--------------|------------|
| NAME | | | |
| HOME ADDRESS | | | |
| CITY | | STATE | ZIP |
| EMAIL | PHONE | | |

COURSE INFORMATION







| | |
|---------------------------|--|
| COURSE(S) TAKEN: | |
| SEMESTER(S) TAKEN: | |

By signing, I authorize the American Museum of Natural History and Seminars on Science to release my course assessment(s) for the above listed courses to Framingham State College.

PLEASE SIGN BELOW:

YOUR PAYMENT

Checks made payable to American Museum of Natural History.

| | | | | | | | |
|--|----|--|--|--|--|--|--|
| TOTAL COST (PER COURSE: \$180) | \$ | CREDIT CARD | <table border="1"> <tr> <td>VISA </td> <td></td> <td>MASTERCARD </td> <td></td> </tr> </table> | VISA  | | MASTERCARD  | |
| VISA  | | MASTERCARD  | | | | | |
| ACCOUNT NUMBER | | | | | | | |
| AUTHORIZATION SIGNATURE | | | | | | | |
| By signing, I understand and agree to the Terms of Use . | | EXPIRATION DATE | / | | | | |
| | | MM / YYYY | | | | | |

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 Fax to: Seminars on Science, AMNH (212) 496-4231

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