



ACT Preparation Course Registration

Name _____

Address _____

City _____ State _____ Zip _____

School _____

Parent Name _____ Parent Cell Phone _____

Home Phone _____ Student Email _____

Parent E-mail Address _____

I prefer to receive my ACT Prep confirmation by: Email Standard Mail

Please check date:	<input type="checkbox"/> October 5, 2019	519 9301 2001
	<input type="checkbox"/> December 7, 2019	519 9301 2002
	<input type="checkbox"/> February 1, 2020	519 9301 2003
	<input type="checkbox"/> March 28, 2020	519 9301 2004
	<input type="checkbox"/> June 6, 2020	519 9301 2005

MAKE CHECK PAYABLE TO THE UNIVERSITY OF OKLAHOMA

All fees are due at the time of registration. 100% of the program fee will be refunded if enrollment is cancelled seven days prior to the course. After that date, no refunds will be granted.

THE COST OF THE COURSE IS \$100

For Credit Card Payment:

Please check one: Visa MasterCard Discover American Express

Credit Card # _____ Exp. Date _____

Name on Card _____

Cardholder Signature _____

<p>MAIL REGISTRATION TO</p> <p>OUTREACH Registration 1700 Asp Avenue, Room B-1 Norman, OK 73072-6400 Fax: (405) 325-7164</p>	<p>FOR ADDITIONAL INFORMATION</p> <p>Call Precollegiate Programs (405) 325-6897 E-mail: precollegiateprograms@ou.edu Web site: youth.ou.edu</p>
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The University of Oklahoma OUTREACH is committed to making its activities as accessible as possible. We can provide a range of services for persons with disabilities. If you anticipate a need for any of these services, please contact Precollegiate Programs at (405) 325-6897.