**Mail to: Assessment Administration**

Center for Government Services, Rutgers, The State University of New Jersey, 33 Livingston Avenue, Suite 200, New Brunswick, NJ 08901-1979. Fax: 732/932-3586

I wish to register for _____ (Course Title) _____ (Course Number) _____ (Location)

Name _____ Social Security No. _____

Title _____

Home Address _____

Home Phone _____ Business Phone _____ Fax _____ Email _____

Employer _____

Business Address _____

**Check, Voucher, or Credit Card information must accompany registration.** Make check payable to Rutgers, The State University.

Total Amt. $_____ Method of Payment: ❑ Check ❑ Voucher ❑ VISA ❑ Mastercard

_____ (Credit Card No.) _____ (Exp. Date) _____ (Signature)