



# THE UNIVERSITY OF WEST LOS ANGELES

## LSAT PREP COURSE

June 2010 Exam

September 2010 Exam

December 2010 Exam

### Registration Form

Please choose a campus to attend:

LAX Campus       SFV Campus

PARTICIPANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FEE: \$495.00**      Payment Method:     CHECK                       CASHIER'S CHECK                       MONEY ORDER  
Please make checks payable to "UWLA" and mail to: UWLA 9800 S. La Cienega Blvd., 12<sup>th</sup> Floor, Inglewood, CA 90301

### CREDIT CARD AUTHORIZATION

Please note: THE SIGNING, DATING, AND COMPLETION OF THIS FORM AUTHORIZES THE UNIVERSITY OF WEST LOS ANGELES TO CHARGE THE AUTHORIZED AMOUNT TO THE REGISTRANT'S CREDIT CARD WITHIN 7 BUSINESS DAYS.

CARDHOLDER'S INFORMATION:     VISA                       MASTERCARD                       DISCOVER                       AMERICAN EXPRESS

CARDHOLDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ AMOUNT TO BE CHARGED: \$ \_\_\_\_\_

I UNDERSTAND THAT ONLY THE ABOVE AMOUNT WILL BE CHARGED TO THIS CARD.

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE

You may fax this form to: 310-342-5295