Class Registration

Personal Information:

☐ Dr.  ☐ Mr.  ☐ Ms.

Given Name ___________________  Family Name ___________________

Address _______________________________________________________

City _________________________  State ________  Zip ____________

Phone________________________  ☐ Cell  ☐ Home  ☐ Work

E-mail _______________________________________________________

Class Information:

Class Name __________________________________________________

Class Dates __________________________________________________

Amount Due $ _____________

Paid By  ☐ Cash  ☐ Check (made out to “University of Minnesota”)  

Notes _______________________________________________________

________________________________________________________________

Please send form and payment to:
Confucius Institute
160 University International Center
331 17th Ave SE
Minneapolis, MN 55414