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**Florida Atlantic University**  
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**Institute for Design and Construction**  
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e-Mail Address \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Course Number	Course Name	Start Date	Fee
Parking Permit is not included in the course fee			<b>Total Enclosed</b>

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Mail completed form to:  
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111 East Las Olas Blvd, AT608  
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**Register by Phone at 954.762.5173**  
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