

ENROLLMENT FORM

ENROLL ONLINE

www.extension.ucdavis.edu

ENROLL BY MAIL

UC Davis Extension
Attention: Student Services
1333 Research Park Dr.
Davis, CA 95618-4852

ENROLL BY PHONE

(800) 752-0881
(530) 757-8777 from
Woodland or Davis.
Please have your Visa,
MasterCard, American
Express or Discover
account number handy.

ENROLL IN PERSON

Visit us in person at our
Student Services office in Davis,
1333 Research Park Dr.,
8:30 a.m.-4:30 p.m., or
Sutter Square Galleria,
2901 K St., Sacramento, Rm. 204.
Call for hours: (916) 327-7072.
Cash is not accepted.

ENROLL BY FAX

(530) 757-8558
If you are enrolling with a
company purchase order, please
fax a completed enrollment form
along with a copy of the purchase
order. **For security purposes we
can no longer accept credit card
payments via fax.**

Please Print
Mr./Ms. Jurkevics, Lauma Marite
Last Name First (given) Middle
Social Security No.* 546-27-8233 Daytime Phone (818) 500-1645 x275 Home Phone ()
Address home work 770 Fairmont Ave., Suite 102, Glendale, CA 91203-1035
Street City State Zip Code
Employer CA Dept. of Water Resources Current Position/Job Title Staff Environmental Scientist
Email Address ljurkevi@water.ca.gov If you do not wish to receive occasional email announcements check this box
Key Code _____
(See back cover for Key Code)

Course Title	Section Number	Starting Date	Fee
Water Resources Planning & Urban Growth	103 NAT 118	Feb. 11, 2011	\$ 290

092 101

Amount enclosed or authorized \$ _____

- Enclosed is a check payable to **UC REGENTS**
 Enclosed is a company purchase order (a complete enrollment form, or all information requested on the enrollment form, must accompany your purchase order).

Please charge to: VISA MasterCard American Express Discover

For security purposes we can no longer accept credit card payments via fax.

Credit card billing address and zip code if different from student address:

Street City State Zip Code
 Account Number _____ Expiration Date _____
 Authorizing Signature _____ Name of Cardholder (please print) _____

Credit card verification number: _____ (the last three digits of the number printed in the signature panel on the back of your credit card [Visa, MasterCard and Discover]. For American Express the CVC is the four digit number printed on the front of the card just above the card number.)

For additional persons enrolling, please give same information on a separate sheet.

For disability accommodations, call (530) 757-8777; TTY (530) 752-6833. Four week advance notice requested.

*UC Davis Extension is required by federal law to report your Social Security Number (SSN) and other pertinent information to the Internal Revenue Service pursuant to the reporting requirements imposed by the Taxpayer Relief Act of 1997. UC Davis Extension also will use the SSN you provide to verify your identity. SSN disclosure is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974.

Custom Training: Call (800) 752-0881 to have a program customized to fit your organization's needs.

PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (REV. 07/2003) DWR (REV. 07/2004)

CONTRACT REGISTRATION NUMBER	AGENCY ORDER NUMBER 4500166965	AMENDMENT NO.
SUPPLIER: The numbers identified above MUST be shown on Invoice & Packing Slip.	DATE 01/14/2011	PAGE OF PAGE 1 1

S H I P T O	B I L L T O	Department of Water Resources P.O. Box 942836 Sacramento CA 94236-0001	AGENCY BILLING CODE 81000
			PURCHASING AUTHORITY NUMBER
			LEVERAGED PROCUREMENT AGREEMENT NO.

TO
SUPPLIER
ADDRESS

UCD UNIVERSITY EXTENSION
UNIVERSITY OF CALIFORNIA DAVIS
1333 RESEARCH PARK DRIVE
DAVIS CA 95618

INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER	AGENCY OR BUYER INFORMATION	AGENCY TRACKING/REQUISITION NUMBER (Optional)
	AGENCY NAME	Department of Water Resources
	CONTACT NAME	CAMP, VICKI
	CONTACT E-MAIL ADDRESS	VCAMP@WATER.CA.GOV
	CONTACT PHONE NUMBER	916 653 5906
	CONTACT FAX NUMBER	916 653 6543

SUPPLIER CONTACT NAME Student Services	SUPPLIER NUMBER 200794	SUPPLIER PHONE NUMBER 530-757-8712	SUPPLIER FAX NUMBER 530-757-8558	SUPPLIER E-MAIL ADDRESS
PAYMENT TERMS N045	CERTIFICATION NUMBER <input type="checkbox"/> Certified Small Business <input type="checkbox"/> Certified Microbusiness	EXPIRATION DATE	<input type="checkbox"/> Certified DVBE	EXPIRATION DATE
REQUIRED DELIVERY DATE	SHIPPING INSTRUCTIONS <input type="checkbox"/> F.O.B. DESTINATION <input type="checkbox"/> F.O.B. ORIGIN	F.O.B. DESTINATION Freight not to exceed cost stated on P.O.	CITY OF ORIGIN	STATE
				ZIP CODE

ITEM #	QUANTITY	UNIT	COMMODITY CODE CODE OF SERVICES	RECYCLED PRODUCT	PRODUCT OR SERVICES DESCRIPTION	UNIT PRICE	EXTENSION TOTAL
1	1	AU			Water Resources Planning & Urban Growth Attendee: Lauma Jurkevics Date: Feb 11, 2011 Location: Sacramento, CA Req# 10057462 Contact: Rosette Hall 818-500-1645	290.00	290.00

A-1 <input type="checkbox"/> General Provisions are incorporated here by reference to: <input type="checkbox"/> Form GSPD-401 Non-IT Commodity (revision date _____) OR <input type="checkbox"/> Form GSPD-401IT (revision date _____) <input type="checkbox"/> ATTACHED OR <input type="checkbox"/> POSTED on website: www.dgs.ca.gov/nd	TAXABLE SUBTOTAL	0.00
TERMS AND CONDITIONS A-2 <input type="checkbox"/> This order is issued under a Department of General Services (DGS) Leveraged Procurement Agreement (LPA). Terms and Conditions set forth in that agreement (LPA number referenced in the attached Leveraged Procurement Agreement No.) are incorporated herein by reference as if set forth in full text.	TAX RATE 0.000%	SALES TAX 0.00
B <input type="checkbox"/> Agency Special Provisions are attached and identified in the purchase order. C <input checked="" type="checkbox"/> Any other attachments, such as specifications, Statement of Work, or Information Technology Model Language Modules, are identified in the purchase order or services description area or on continuation pages.	*INSTALLATION	
PROCUREMENT METHOD <input type="checkbox"/> LEVERAGED <input type="checkbox"/> DVBE/SMALL BUSINESS (OC 1487) <input type="checkbox"/> NON-COMPETITIVELY BID <input checked="" type="checkbox"/> EXEMPT	SHIPPING FREIGHT	
	*OTHER NON-TAXABLE	
PROGRAM / CATEGORY (CODE AND TITLE)	VERIFIED NO STATE SURPLUS AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	PAID BY CAL-CARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	GRAND TOTAL 290.00	

ITEM	AMOUNT	STATUTE	FISCAL YEAR	OBJECT OF EXPENDITURE (CODE AND TITLE)	<input type="checkbox"/> O.E. <input type="checkbox"/> EQ.
			2011		

CERTIFICATION AND APPROVAL OF PURCHASING OFFICER I HEREBY CERTIFY, on personal knowledge, that the order for purchasing the items specified above is issued in accordance with the procedures prescribed by law governing the purchase of such items for the State of California; and that all such legal requirements have been fully complied with.	UNENCUMBERED REMAINDER AFTER POSTING THIS ORDER TO ALLOTMENT EXPENDITURE LEDGER	
	ADJUSTMENT INCREASING ENCUMBRANCES	
	ADJUSTMENT DECREASING ENCUMBRANCES	
AUTHORIZING NAME (Print or Type) Vicki Camp, AGPA	AUTHORIZED AGENT	
AUTHORIZING SIGNATURE <i>Vicki Camp</i>	CERTIFIED CORRECT (SIGNATURE)	