## **CEWD Registration Form**



**To Register:** Complete the following form. Email to: <a href="mailto:conteduc@nmu.edu">conteduc@nmu.edu</a>, fax to: (906) 227-2108, or mail to: <a href="mailto:Continuing Education & Workforce Development">Continuing Education & Workforce Development</a>, <a href="mailto:Northern Michigan University">Northern Michigan University</a>, <a href="mailto:1401 Presque Isle Ave.">1401 Presque Isle Ave.</a>, <a href="mailto:Marquette">Marquette</a>, <a href="mailto:MI 49855">MI 49855</a>. Registrations will be held as pending until payment is received. **Questions:** Call Continuing Education & Workforce Development (906) 227-2103.

Name:					<del></del>
Company	Name:				<del></del>
Address:					<del></del>
City:			State:	Zip:	
Phone: (_	)				
E-mail: _					
Dea	ndline for cancela	tion with full reim	bursement is 5 business days prior	to training date.	
Course N	ame:				
Course D	ate:				
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VISA	MC	DIS	Amount: \$		
Credit Ca	ard #:				
Expiration Date:			3 digit code (back of ca	ard):	
Signature	e of cardholder	<b>::</b>			

All non-UP-residents, please select from the following course payment options:

Training ONLY \$150.00
Training + initial competency assessment \$300.00