

# REGISTRATION FORM

Form must be completed in full.  
Incomplete forms will be rejected.



PROFESSIONAL DEVELOPMENT

Date of Registration: \_\_\_\_\_ Event #: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer Title

\_\_\_\_\_  
Home Address City State Zip

\_\_\_\_\_  
Work Address City State Zip

\_\_\_\_\_  
E-mail (required) Date of Birth (required)

\_\_\_\_\_  
Preferred Phone Number (required) Fax Number

## Course Fees

Registration Fee: \_\_\_\_\_

Shipping Fee: \_\_\_\_\_  
*See website for details*

Amount Due: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

**If registering for a discounted rate, please provide the following information:**

\_\_\_\_\_  
Membership Number or Graduation Year from NIU Discount Type (circle one):  
SHRM IIA IMA IFMA NIU Alumni

**How did you hear about us:**  E-mail  Internet Search  Professional Organization/Association  
 Print Ad  Word of Mouth  Other: \_\_\_\_\_  
 Direct Mail  Employer

**Payment Method:** *Payment must be received at time of registration*

Check (payable to NIU)  Visa  MasterCard  Discover  American Express

\_\_\_\_\_  
Account Number Expiration Date Name as it appears on card

\_\_\_\_\_  
Signature FEIN number (required if requesting invoice)

**Send checks with completed form to:**  
Northern Illinois University  
c/o Outreach Services  
DeKalb, IL 60115-2860

**Questions can be directed to the Registration Office:**  
Phone: 815.345.9472  
E-mail: outreachregistration@niu.edu  
Fax: 815.753.6900

**Registration Confirmation:** Upon course registration, you will be emailed a confirmation and course information including course map/driving directions and other details. If you do not receive a confirmation within 10 business days, please contact the Registration Office.