

REGISTRATION FORM

All information on this form is required to process registration.



PROFESSIONAL DEVELOPMENT

Date of Registration: _____

Event #: _____

Event number can be found online under registration information.

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:

_____ Discount Type (circle one):
Membership Number or Graduation Year from NIU 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 _____

Billing Address as it appears on statement _____ City _____ State _____ Zip _____

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: 800.345.9472
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.