

Advancing Civic Leadership. Navigating the Future.



Event #20079

2024-2025 Registration Form (Page 1 of 2)

BOTH pages must be completed and mailed or faxed.

Attendee Informa	tion			
rume				
Primary Phone				
FEIN (If requesting a PO)				
CLA Workshop				
Date of Workshop	Title			
Date of Workshop	Title			
Date of Workshop	Title			
Date of Workshop	Title			
Date of Workshop	Title			

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We'll customize our training for your needs and audience. We tailor our curriculum to reflect the current issues and best practices for organizations today. We'll travel to your workplace or host an event at one of NIU's regional centers, or we'll conduct events online.

For more information about customized training in your location, email us at CivicLeadershipAcademy@niu.edu today.





2024-2025 Registration Form (Page 2 of 2)

BOTH pages must be completed and mailed or faxed. Make photocopies first to share with colleagues.

Requesting a PO

If payment is being made with a Purchase Order please provide a copy of the PO and a copy of your organization's W-9 Form

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Attendee Information Name			Title				
Email			Fax				
Work Phone			Primary Phone				
Company/Organization			Address is a Business Home				
Address			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Suite, Apartment, etc.							
City			State	Zip			
CLA Workshops Registration Fees Length/ Single NIU Student Mode of Delivery (grad or undergrad)		NIU Student (grad or undergrad)	Cancellation, Substitution and No Refund Policy As the Center for Governmental Studies incurs costs from its tracking agency for each registration, we are no longer able to issue full refunds due to registrant cancellations. There is a				
Half-day/Online	\$35	\$10		ocessing fee (\$5) for all sessions. You may			
Half-day/In-person	\$49.50	\$10	substitute another person for your registration in the event				
C3 De-escalation® Essent.	ials workshop and cou	ırse materials fee \$55.	=	l. Substitution or cancellation requests must riting to outreachregistration@niu.edu or			
Number of Workshops Rate x Total		x	Due to PCI (payment card industry) compliance requirements, for credit card transactions, the cardholder's name and billing				
		Total	address must appe card statement.	ear exactly the way it is listed on their credit			
Payment Information							
○ Check ○ MasterCard	I ○ Visa ○ Discov	er O American Express					
Card Number		Expiration Date					
• • Name		/					
Address		Suite, Apartment, etc.					
City	State	Zip					
Cardholder's Signature							

Charge will appear as "NIU Outreach, DeKalb, IL" Fax your registration (credit cards only) to 815-753-6900.

Make check payable to NIU and mail along with this registration form to:

Outreach Services, Registration Office Northern Illinois University DeKalb, IL 60115

