



Cornell University ILR School

REGISTRATION FORM (ONE FORM PER REGISTRANT)

PROGRAM YOU ARE REGISTERING FOR: _____

PROGRAM DATE: _____

Name _____

Date of Birth (needed only if you are taking a credit program) _____

Title _____

Organization/Firm _____

Address _____

City _____ State _____ Zip _____

Country _____

Telephone _____ Fax _____

E-Mail Address _____

**We accept Checks payable to Cornell University ILR; Money Orders; Purchase Orders; and
VISA, MasterCard, American Express, and Discover credit cards.**

Credit Card # _____ Exp. Date _____

Name on card _____ Security Code (3 or 4 digits) _____

Signature _____

Amount To Be Charged \$ _____

Please send your registration form and payment information via fax or e-mail (please do not send credit card information via e-mail) to Alice M. Torres, Program Coordinator, Fax: 585-262-3715; E-mail: AMB27@cornell.edu.

Checks can be mailed to: Cornell University ILR
249 Highland Avenue
Rochester, NY 14620
Attention: Alice M. Torres

Substitutions/Cancellations: Substitutions of registrants can be made at any time by contacting our office. The full program fee will be charged for any registration for which cancellation in writing is not **received five (5) business days prior to the program.**

Special Accommodations: Please advise us at least two (2) weeks in advance if you require assistive aids or services to fully participate in this program.

For more information, contact Alice Torres at 585-262-4440 or amb27@cornell.edu.