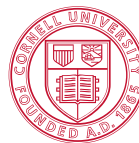


# Registration Form

(Please copy to register additional people)



Cornell University  
ILR School

## Participant Information

Name: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Optional)

☐ Check this box if your employer is a government, not-for-profit or union organization to receive discount, if applicable.

☐ Check this box if you have attended a previous course.

☐ Cornell degree (e.g. ILR, MILR, CALS, Certificate): \_\_\_\_\_

## Course/Event Selection

Course #	Course Title	Date	Price	Location
TOTAL PRICE			\$	

## Payment Method

Late cancellations/transfers incur a 25% charge. No-shows and cancellations not in writing incur a 100% charge. Cancellations and transfers must be in writing and arrive at Cornell 5 business days before the workshop date to avoid a charge.

Signature of Registrant \_\_\_\_\_

### Please check one of the following payment methods:

☐ CHECK ENCLOSED, payable to Cornell University ILR, for \$ \_\_\_\_\_

LETTER OF CREDIT: ☐ Attached PURCHASE ORDER: ☐ Attached

CREDIT CARD: ☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa

TYPE OF CREDIT CARD: ☐ Personal ☐ Corporate

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (3 or 4 Digits): \_\_\_\_\_ Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount \$ \_\_\_\_\_

### PAYMENT OF BILL IS AUTHORIZED BY:

Payment or payment guarantee (such as a Purchase Order) is expected at the time of registration. If a PO or other guarantee of payment will be submitted from your organization, an authorizing manager must sign the registration form taking responsibility of payment. You may pay by credit card or check. Please make checks payable to CORNELL UNIVERSITY ILR.

Name of Authorizing Manager: \_\_\_\_\_

Title of Authorizing Manager: \_\_\_\_\_

Signature of Authorizing Manager: \_\_\_\_\_

Work #: \_\_\_\_\_

The Authorizing Manager accepts the full terms of the cancellation policy above.

### To Register:

#### Online:

Visit our web site at [www.ilr.cornell.edu](http://www.ilr.cornell.edu) and register using our secure server.

#### By Mail:

Complete the registration form and return to:

Cornell University, ILR School  
ATTN: ILR Customer Service  
16 East 34th Street, 4th Floor  
New York, NY 10016-4328

#### By Fax:

Complete the registration form and fax to 212-340-2890.

### Special Accommodations:

Please notify us at least two (2) weeks in advance if you require assistive aids or services to fully participate in the program.

### For more information, please contact us at:

#### Phone:

1-866-470-1922

#### Email:

[ilrcustomerservice@cornell.edu](mailto:ilrcustomerservice@cornell.edu)

### How did you hear about ILR professional development programs? (Check all that apply)

<input type="checkbox"/>	Cornell ILR School Brochure
<input type="checkbox"/>	Cornell ILR School Email
<input type="checkbox"/>	Cornell ILR School Website
<input type="checkbox"/>	My Manager
<input type="checkbox"/>	Co-Worker or Colleague
<input type="checkbox"/>	An ILR Alum
<input type="checkbox"/>	From Another ILR Program that I Attended
<input type="checkbox"/>	Internet Search Engine; Which One
<input type="checkbox"/>	Other; Please Specify