



Registration Form

(Please copy to register additional people)

Participant Information

Name _____

Title _____

Organization _____

Address (Office) _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Address (Home) _____

City _____ State _____ Zip _____

Student I.D. No. _____ - _____ - _____

(Please enter your Social Security number if you wish to obtain CEUs)

Check here if you have previously attended a workshop

Workshop Selection

Course #	Course Title	Date	Location	Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Price \$ _____

Payment Method

Late cancellations incur a 25% charge. Cancellations and transfers must be in writing and arrive at Cornell more than 5 business days before the workshop date to avoid a charge.

Signature of Registrant _____

Please check one of the below 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 # _____

3-Digit Code (back of card) _____ 4-Digit Code (AMEX only) _____

Name as on Card _____ Exp. Date _____

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, your 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 Registrant's Manager (Type or Print) _____

Title of Registrant's Manager (Type or Print) _____

Signature and phone number of Approving Manager _____

(The signing manager accepts the full terms of the cancellation policy above)

To Register:

Online: Visit our web site at www.ilr.cornell.edu/lrcanada register using our secure server.

By Mail: Complete the registration form and return to:
Cornell University, ILR School
16 East 34th Street, 4th Floor
New York, NY 10016-4328

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

Training Location:

The Rostie Group
20 Bay Street #1100
Toronto, ON M5J 2N8
Canada

Visit us on the web
www.ilr.cornell.edu/lrcanada