Clear Form



Child Welfare Series REGISTRATION FORM

A confirmation will be sent to the email address below.

To Register: Complete the following form. Email to: conteduc@nmu.edu, fax to: (906) 227-2108, or mail to: Continuing Education & Workforce Development, NMU, 1401 Presque Isle Ave., Marquette, MI 49855. Registrations will be held as pending until payment is received. **Questions:** Call Continuing Education & Workforce Development (906) 227-2103. Registrant Name: Company Name/Title: City: _____ State: ____ Zip: _____ Phone (_____) _____ E-mail: _____ Select Registration from the below workshop series titles: Course Name: Course Date: Course Name: _____ Course Date: ____ _____ Course Date: ____ Course Name: _____ Course Date: ____ All courses will be held via Zoom. 10:00am - 1:15pm EST unless otherwise noted. 3 SWCE Hours Available Per Session. FREE to all MDHHS and Private Agency Child Welfare Workers; \$15.00 for Students, \$45.00 all others. Credit Card #: _____ VISA MC DIS 3-digit code (back of card):

Total Amount: \$_____ Signature of cardholder: _____