



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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (____) _____ E-mail: _____

Select Registration from the below workshop series titles:

Course Name: _____ Course Date: _____

Course Name: _____ Course Date: _____

The Strategies training will be in-person at Northern Michigan University. Location TBD.

Course Name: _____ Course Date: _____

Course Name: _____ Course Date: _____

SWCE Hours Available Per Session. FREE to all MDHHS and Private Agency Child Welfare
Workers & Students, \$45.00 all others.

VISA MC _ DIS Credit Card #: _____

Expiration Date: _____ 3-digit code (back of card): _____

Total Amount: \$ _____ Signature of cardholder: _____