



NORTHERN MICHIGAN  
UNIVERSITY

## CEWD Registration Form

**To Register:** Complete the following form. Email to: [conteduc@nmu.edu](mailto:conteduc@nmu.edu), fax to: (906) 227-2108, or mail to: Continuing Education & Workforce Development, Northern Michigan University, 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.

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

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

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

**Deadline for cancelation with full reimbursement is 5 business days prior to training date.**

**Course Name:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_ 1:00-3:00pm EST

Training Location: The Science Building Room 3602. There is a commuter lot on each end of TSB, lots 36 (closest) and 29. View Campus Map.

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**VISA**      **MC**      **DIS**      **Amount: \$** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **3 digit code (back of card):** \_\_\_\_\_

**Signature of cardholder:** \_\_\_\_\_

**Dietary Restriction/Food Allergy**      **Yes**      **No**      **Other:**