

Registration Form

September 2010 – June 2011



SAINT MARY'S
UNIVERSITY SINCE 1802

One University. One World. Yours.

**EXECUTIVE &
PROFESSIONAL
DEVELOPMENT**

STEP 1: CERTIFICATE PROGRAM REGISTRATION

If you are registering for a certificate program, please list the certificate title and proceed to Step 2 to list the required and elective courses.

Certificate: _____

STEP 2: SEMINAR PROGRAM REGISTRATION

Please list your seminar(s) and dates. Print clearly.

1	_____	Dates	_____
2	_____	Dates	_____
3	_____	Dates	_____
4	_____	Dates	_____
5	_____	Dates	_____
6	_____	Dates	_____

STEP 3: PARTICIPANT REGISTRATION INFORMATION

Please complete this section in full. Your name will appear on your certificate as printed. Print clearly.

Mr. Ms. First Name _____ Last Name _____

Department _____ Title _____

Company/Organization _____

Work Address OR Home Address _____

City _____ Province _____ Postal Code _____

Tel (work) _____ Tel (cell) _____ (home) (for emergency only) _____

E-mail _____ Fax _____

How would you like to receive notification of upcoming programs and events? EMAIL MAIL

STEP 4: 10% GROUP DISCOUNT*

Do you qualify for our group discount? YES NO

*For 3 or more registrations from the same company that are submitted together for the same program. Separate registration forms required for each person.

Please provide names of accompanying registrations _____

STEP 5: CAMPUS PARKING – SOBEY BUILDING PROGRAMS ONLY (Daily parking is not available for World Trade Centre Programs)

Do you require parking for Sobeys Building Programs? YES NO

Number of parking days required _____ (\$10/day + HST). Please refer to page 61 for complete parking details.

STEP 6: PAYMENT METHOD

Payment is due in advance of the program start date. Please indicate your method of payment. Print clearly.

Credit Card Visa Mastercard Amex

Card# _____

Exp _____ Tel (work) _____

Cardholder Name (please print clearly) _____

Cardholder Signature _____

Invoice My Company

Attention _____

E-mail _____

Tel (work) _____ Fax _____

Invoice/Receipt Address _____

Authorizing Manager _____

Title _____ PO# _____

If paying by cheque, please make payable to Saint Mary's University Executive and Professional Development (1800 Argyle St., Suite 801, Halifax, NS B3J 3N8)

PAYMENT, CANCELLATION AND SUBSTITUTION POLICIES - For complete details, visit epd.smu.ca.

Register online at epd.smu.ca or fax this form to 420.5284 or 1.866.511.7111