



Registration Form Human Resource Management Certificate

Eastern Nazarene College

Adult and Graduate Studies Division

Date _____ SS # _____ Date of Birth _____

Name _____
LAST FIRST M.I. MAIDEN (SURNAME)

Title _____ Employer _____

Business Address _____
STREET AND NUMBER CITY STATE ZIP

Home Address _____
STREET AND NUMBER CITY STATE ZIP

The textbooks will be sent out via UPS. Please indicate which address should be used.

_____ Home Address _____ Business Address

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Fax Number (____) _____ E-Mail _____ @ _____

Are you a U.S. citizen? Yes No _____
Country, visa type and number – please send our office a copy of your visa

How did you hear about Eastern Nazarene College? _____

Payment The cost of this course is \$1206. SHRM or NHRA members receive a discount of \$50.

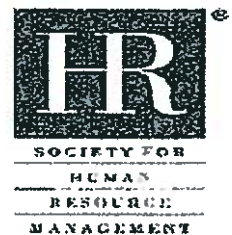
Check enclosed for \$ _____ payable to Eastern Nazarene College

Credit Card Payment Visa MasterCard Card Number _____
Expiration Date _____
Name as it appears on card _____ Signature _____

Purchase Order # _____
please attach a copy of the purchase order

Check here if you need a receipt for your payment

In Cooperation With



Return this registration form to the address below

Eastern Nazarene College, Adult and Graduate Studies Division
180 Old Colony Avenue – Quincy, MA 02170-3831 – Main (617) 774-6800 – Fax (617) 984-4901