

# Registration Form

September 2009 – June 2010



**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 - Please refer to page 61 for complete details.

Register online at [epd.smu.ca](http://epd.smu.ca) or fax this form to 420.5284 or 1.866.511.7111