Clear Form

NORTHERN MICHIGAN UNIVERSITY

COMPANY REGISTRATION FORM

We will send a confirmation to the employer

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.

Company Name: _____

Company Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (_____) _____ **E-mail:** _____

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

Registrant Name: _____ **Amount enclosed/charged: $**_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Course Name: _____ **Course Date:** _____

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Registrant Name: _____ **Amount enclosed/charged: $**_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Course Name: _____ **Course Date:** _____

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Registrant Name: _____ **Amount enclosed/charged: $**_____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Course Name: _____ **Course Date:** _____

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VISA ☐ **MC** ☐ **DIS** ☐ **Credit Card #:** _____

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

Total Amount: $_____ **Signature of cardholder:** _____