

# PROFESSIONAL DEVELOPMENT REGISTRATION FORM

## CONTACT INFORMATION

Name \_\_\_\_\_

First Name

Last Name

Preferred Name

Mailing Address \_\_\_\_\_

Street

Apt No.

City

State

Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_

If you require special accommodations, please contact us no later than 10 business days prior to the program start date.

## COURSE INFORMATION

| Course Title                                    | Course Start Date                         | Course Fee |
|---|---|------------|
|   |   |            |
|   |   |            |
| Fill-in discount code here, if applicable _____ | <b>Total Due</b><br>(minus any discounts) |            |

## PRIVACY AND NOTIFICATIONS

**Student Privacy:** By registering with JMU Professional & Continuing Education, you consent to the internal, non-public disclosure of your address, telephone number and email addresses to faculty and staff of JMU including any official third parties we work with for the purposes of administering the program. This includes facilitating class communications. You provide this consent with the knowledge that JMU will not further disclose your contact information to anyone outside of JMU and official third parties without your consent.

By proceeding with the registration process, you verify that you meet the requirements to register in the program.

\_\_\_\_\_  
Signature of Registrant

\_\_\_\_\_  
Date

Mail or drop off the completed form with payment to:

JMU Professional & Continuing Education  
127 W. Bruce St, MSC 6906  
Harrisonburg, VA 22807

Check should be made payable to James Madison University. *A \$50 fee will be assessed for any check returned by the bank.* Note: Credit card payment (Visa, MasterCard, Discover, & American Express) can only be accepted through online registration.

Questions about using other funding sources such as private loans, employer payment requiring invoice, Americorps, MyCAA, etc? Contact us at 540/568.4253 or cpdtraining@jmu.edu.