Nonprofit Management Certificate Program
CED# 04-06-105-001MC

February 5 - May 27, 2004 • Thursdays, 9:00 a.m. - 4:30 p.m

NAME ________________________________________________________
SOCIAL SECURITY NUMBER _________________________________________

ORGANIZATION ________________________________________________________
JOB TITLE ________________________________________________________

WORK ADDRESS __________________________________________________________________________________________________________________________

CITY/STATE/ZIP __________________________________________________________________________________________________________________________

HOME ADDRESS __________________________________________________________________________________________________________________________

CITY/STATE/ZIP __________________________________________________________________________________________________________________________

HOME PHONE NUMBER __________________________________________
WORK PHONE NUMBER ______________________________________________

Who is the person responsible for sending you to this program? ________________________________________________________________

For further program information, please call 302/831-6780.

To register, complete this form and mail it with your payment to:
Registrar, Nonprofit Management Certificate Program, University of Delaware,
203B John M. Clayton Hall, Newark, DE 19716-7410.
For further registration information, call 302/831-1138. • For program information, call 302/831-6780.

FEE: $700; full payment is due with registration.

DEADLINE: January 9, 2004

REFUND POLICY: A full refund of fees will be given, with a written cancellation letter received by January 10, 2002.
No refunds will be given after that date.

METHOD OF PAYMENT:
❑ Enclosed is my check for $_____________ made payable to the UNIVERSITY OF DELAWARE.
❑ Please charge $_____________ to my  ❑ MasterCard  ❑ VISA  ❑ Discover

CARD NUMBER ____________________________________________________________________ EXP. DATE ______________________________________

AUTHORIZED SIGNATURE ________________________________________________________________________________________________________________

NOTE: If paying by VISA, MasterCard, Discover card, government voucher, or company purchase order, you may FAX your registration to us at 302/831-0701. You may also register by phone if paying by card, voucher, or purchase order by calling 302/831-1171; hours: 8:30 a.m.-5:00 p.m. weekdays.

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The University of Delaware reserves the right to refuse for good and sufficient reasons enrollment of any applicant. Any applicant who is refused enrollment will, on written request, be provided with a written statement of the reasons for the refusal of enrollment. CEP 4038