



NORTHERN ILLINOIS UNIVERSITY

Continuing Professional Education

Your Future, Our Focus.

REGISTRATION FORM

All fields on this form must be completed in full to process registration.

DATE OF REGISTRATION		EVENT NUMBER	
COURSE TITLE			
COURSE DATE(S)			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
HOME ADDRESS	CITY	STATE	ZIP CODE
WORK ADDRESS	CITY	STATE	ZIP CODE
E-MAIL (Required)		DATE OF BIRTH (Required)	
PREFERRED PHONE NUMBER (Required)		FAX NUMBER (Required)	

Course Fees	
REGISTRATION FEE	
AMOUNT DUE	
AMOUNT ENCLOSED	

If registering for a discounted rate, please provide the following:

DISCOUNT AFFILIATION (Check one) <input type="checkbox"/> SHRM <input type="checkbox"/> IIA <input type="checkbox"/> IFMA <input type="checkbox"/> PMI <input type="checkbox"/> NIU Alumni	MEMBERSHIP NUMBER OR GRADUATION YEAR FROM NIU
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Payment Method (Payment must be received at time of registration):

Check (payable to NIU) VISA MasterCard Discover American Express

ACCOUNT NUMBER	EXP NUMBER	IF REQUESTING AN INVOICE (include company authorization)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	FEIN #	Purchase Requisition #

NAME (as it appears on the card)	SIGNATURE
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Send checks with completed form to:
 Northern Illinois University
 c/o Outreach Services
 DeKalb, IL 60115-2860

Questions can be directed to the Registration Office:
 Phone: 800.345.9472
 E-mail: outreachregistration@niu.edu
 Fax: 815.753.6900

Registration Confirmation: Upon course registration, you will be emailed a confirmation and course information including course map/driving directions and other details. If you do not receive a confirmation within 10 business days, please contact the Registration Office at 1-800-345-9472.