



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

Table with 3 columns: Course Title, Course Start Date, Course Fee. Includes a Total Due row at the bottom.

PRIVACY AND NOTIFICATIONS

Student Privacy: By registering with JMU School of 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.

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 School of 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.