

# Registration Form – Project Management

## By Phone

Call 978-934-2405  
to register by phone

## By Fax

Fax this completed form  
to 978-934-2028

## By Mail

UMass Lowell  
Attn: Gwen Picanco  
Continuing Education  
One University Avenue  
Southwick Hall 303  
Lowell, MA 01854-2881

Please print clearly or type. Photocopy for additional forms.

## How did you hear about the seminars?

Check all that apply.

- Google Ad / Search Engine       Colleague / Friend Told Me  
 UMass Lowell Website       Picked Up Flyer at Event  
 Received Bulletin / Flyer in the Mail       Other \_\_\_\_\_

## General Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

## Select a Seminar

Course Name & Number	Date	Cost
Total Amount Enclosed		

## Payment Method

Please note we cannot accept American Express.

- Check enclosed, payable to the University of Massachusetts Lowell  
 Purchase Order#: \_\_\_\_\_ Company's Federal Tax ID #: \_\_\_\_\_

Please fax a copy of your PO to 978-934-2028 or mail it to the address above with your registration. A copy of the PO is **REQUIRED** in order to process your registration.

Contact Name for PO: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Bill Credit Card:     MasterCard     VISA     Discover    **We cannot accept American Express.**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**If you have any questions regarding the seminars or registration,  
please contact Karen von Sneidern at 978-934-2473.**