

**Introduction to Business Continuity Planning Management Course  
Spring 2014 Registration Form**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

I am registering for:

\_\_\_ The Face to Face Offering at Dixon University Center on April 23<sup>rd</sup> and 24<sup>th</sup>

\_\_\_ The Fully Online Offering on April 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup> and 29<sup>th</sup>

Please mail this form along with payment to:

Millersville University  
Center for Disaster Research and Education  
P.O. Box 1002  
Millersville, PA 17551

Method of Payment:

Please make check payable to Millersville University

**PLEASE REGISTER BY:**

April 1<sup>st</sup> for the Fully online course or April 16<sup>th</sup> for the face-to-face course