

Professional Human Resource Management Certificate Program

ROANOKE AREA REGISTRATION FORM—SPRING 2010

Please complete and mail with your registration fee to:
Mary Baldwin College • 108 N. Jefferson Street • Suite 816 • Roanoke, VA 24016-2426

WHERE: Roanoke Higher Education Center • 108 N. Jefferson Street, Room 805 • Roanoke, VA 24016
(Directions will be provided to all registrants.)
WHEN: Thursdays (6:00-9:00 p.m.) January 21 through April 15, 2010. Optional review course April 22 and 29.
COST OPTIONS: Thirteen-week certificate program, including test CD: \$1,380 per person (\$1,360 for SHRM members). Both the thirteen-week course and the review course: \$1,600 per person (\$1,570 for SHRM members).
Optional review course only (materials not included): \$220 (\$210 for SHRM members).

NOTE: This certificate confers CEU (Continuing Education Unit) credit which is not transferrable college credit. Course materials and application information for the PHR and SPHR exams, fees, and eligibility requirements are available online at www.hrci.org or in the *HRCI Certification Information Handbook*, which will be distributed at the first class. Registration forms and payment are requested two weeks before the first class. Cancellations received in writing before the first class qualify for a full refund, less a \$50 non-refundable processing fee. Once the course is under way, no refunds are available.

Name _____
SS# _____ SHRM member # _____
Home address _____ phone _____
City, State, Zip _____ e-mail _____
Employer _____
Title _____
Work address _____ phone _____
City, State, Zip _____ e-mail _____

Please register me for the following:

- Thirteen-week certificate program only
- Both the thirteen-week course and the review course
- Optional review course only

My total cost: \$ _____ Check enclosed for \$ _____
(Make check payable to **Mary Baldwin College**: mail to address at top of form.)

Please charge my credit card \$ _____ VISA MasterCard (no others accepted)

Is this a corporate card? yes no

Card Number _____ Expiration date _____

Name on card _____ Signature _____

Credit card registrations may be faxed to (540) 767-6176
 Yes, I need a receipt of payment.

For more information, contact Dan Dowdy at (540) 767-6173 or ddowdy@mbc.edu