

Registration Form › Chicago NTI

Register for this Training Institute online at www.nw.org/onlinereg OR mail or fax this form to the NeighborWorks® Training Institute. (Please print or type. Illegible or incomplete forms delay the registration process.)

Preferred First Name On Your Badge _____

Mr. Ms. Last Name _____ First Name _____
(legal name only as shown on photo ID)

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Fax _____

E-mail address _____

- Check if you do NOT wish to receive e-mail from us regarding training institute events and programs.
- Check if you have special needs addressed by the Americans with Disabilities Act. Please specify: _____
- Check if you have attended a training institute before.

Which of the following best describes your organization?

- government agency community-based development organization financial institution tribal government or tribal nonprofit
- faith-based organization other _____

Check if you are a board chair board treasurer board member

Which of the following best describes your race? Please choose all that apply.

- American Indian or Alaska Native Asian Black or African-American Hispanic or Latino
- Native Hawaiian or Other Pacific Islander White Other
- Check if you work in a HUD-approved housing counseling agency. Your 5-digit HUD number

COURSES REQUESTED

Use both course letters and numbers. Please include second choices in case your first-choice courses are full.

	Monday and Tuesday	Wednesday	Thursday and Friday	
First Choice (Course # Course \$)	# \$	# \$	# \$	First Choice Tuition Total
				= \$ _____
Second Choice (Course # only)	#	#	#	
				Nonrefundable/nontransferable/registration fee = \$ 100.00
				Early-Bird Registration Discount (deduct \$50 if form is submitted by July 7) = \$ _____
				Total Balance Due = \$ _____

Payment must accompany your registration form. Faxed registrations must include credit card information and authorized signature. See payment policy. Check if you qualify for the Southern New Hampshire University tuition rate. (Proof of program enrollment must accompany this form.)

PAYMENT INFORMATION

Check enclosed (payable to NeighborWorks® America). Check number _____

Purchase order must be attached. Purchase order number _____
(Purchase orders will be accepted until April 10, 2008.)

Visa MasterCard American Express

Card # _____ Exp. date ____ / ____

Name as it appears on card _____

Authorized signature _____

Fax registration with credit card information to: **(202) 376-2168**

OR

Mail registration and payment to: NeighborWorks® Training Institute, Dept. 167, Washington, DC 20055-0167
(This is a P.O. box and cannot receive Fedex shipments.)

**Register by July 7, 2008,
and SAVE!
Final Pre-Registration
Deadline — July 28, 2008**

On occasion, NeighborWorks® Training Institute shares your name and address with other organizations that are involved in nonprofit management and community development so that they may send you information about other products and services that may be of interest to you. If you are not interested in having us share your name, address, telephone number, fax number, and e-mail address with such organizations, please check the circle to the left of this disclosure statement. Rest assured that NeighborWorks® Training Institute honors your privacy and respects your wishes.