

REGISTRATION INSTRUCTIONS

Axelson Center for Nonprofit Management 2009-2010 Workshops

Registration

We recommend registering at least 3 weeks prior to the workshop. Some workshops have limited space.

To register, please complete the Registration Form (on following page) and send along with full payment to:

The Axelson Center for Nonprofit Management
North Park University
3225 West Foster Avenue - Box 4
Chicago, IL 60625

Credit card registrations may be faxed to: 773-244-5297. Please note that we only accept Visa and MasterCard.

Or, register online at www.northpark.edu/axelson/

Confirmation of your registration will be send via fax or e-mail the week prior to the event. The confirmation will include parking pass and directions.

Locations of Workshops

Detailed directions and maps of campus are available on our website
<http://www.northpark.edu/axelson/>

Cancellations and Refunds

We reserve the right to cancel any workshop. Should we cancel; registrants will receive a full refund or the option to register for another workshop.

Any registrant choosing to cancel a workshop registration will receive a refund minus a \$15 handling charge. Notice of cancellation must be received by the Axelson Center at least two full working days (48 hours) prior to the workshop. No refunds can be made after that date under any circumstances.

Contact Us

Phone: 773-244-5799

Email: tstarkovich@northpark.edu

Workshop catalog and online registration available at www.northpark.edu/axelson

REGISTRATION

1) Tell us about you- One person per form please. If you need additional forms, please photocopy.

First Name	Last Name	
Organization	Title	
Address		
City	State	Zip
Phone Number (with area code)	Fax number (with area code)	
Email address		

Please check one of the following that best describes your agency:

- Arts & Humanities Health Foundation
 Education Human/Social Services Government Agency
 Environment/Animals Community Development Other: _____

2) Select your workshops

Workshop Title	Date	Workshop Fee
		Total Enclosed: \$

***Please list additional workshops on a separate sheet.**

3) Payment

Check (make checks payable to North Park University) Master card Visa

Name on credit card _____ Security Code _____

Card Number _____ exp. date _____

Mail registration form and payment to:
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North Park University
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Chicago, IL 60625

Fax with credit card registration (only) to:
773-244-5297