

THE AXELSON CENTER FOR NONPROFIT MANAGEMENT



Office Use (date and initial)

Registered in NEON:

Payment Received:

Payment submitted:

Walk-in/Mail Registration

Date: _____

Attendee Info

Name: _____

Organization: _____

Address: _____

Address 2: _____

City, State ZIP: _____

Phone: _____

e-mail: _____

Program Info

Program: Workshop Symposium Webinar

Event Name: _____

Cost: _____ Discount Code/Type?: _____

Number of Attendees: _____

Name(s) of additional Attendee, if applicable: _____

Payment Info

Make payments to North Park University

Payment Type: Check Credit Card* Send me an Invoice

Check Number: _____

Credit Card Number: _____

Exp. Date: _____

CV Code (Back Numbers): _____

*Credit card payments will be charged a 2.5% convenience fee.

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