



Baruch

CONTINUING AND PROFESSIONAL STUDIES

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CCVIP Conference Registration Form: Wednesday - April 2, 2008

Today's Date (MM/DD/YY): _____ / _____ / _____

Last Name: _____ First Name: _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Company Name/Affiliation: _____

Job Title/Function: _____

Workshop Choices:

Session	Course Number	Section	Workshop Title
11:30AM			
3:20PM			

Special Accommodation Request:

Baruch College CAPS Office Use Only:

Registration taken by: _____ Today's Date: _____ / _____ / _____