

# Office of Executive Programs Registration Form

Please complete one registration per class/program/module

## Student Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

## If you work for an Organization

Name of Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_ Website: \_\_\_\_\_

Are you or have you been a CUNY student? \_\_\_ Yes \_\_\_ No

If Yes, when: \_\_\_\_\_ Which program/School?: \_\_\_\_\_

## Program Information:

1- Name of the program you are registering for:

\_\_\_\_\_

2- Dates and term (e.g. fall 2015) of the program:

\_\_\_\_\_  
\_\_\_\_\_

3- How did you hear about this program ( e.g. New YorkNonProfit newsletter, internet search, etc.)?

Referral Code (if any): \_\_\_\_\_

4- What is the cost of the program? \_\_\_\_\_

5- Are you paying with personal check: \_\_\_ Yes \_\_\_ No (if paying with credit card, please use the attached form)

6- Write your check to: Baruch College

7- In the memo line write the name of the program

**Registrations, checks and credit card forms must be mailed to:**

**Edgar Zavala**  
**Director of Executive Programs**  
**School of Public Affairs, Baruch College**  
**One Bernard Baruch Way, Box D-901**  
**New York, NY 10010**

HOW WILL YOU

IMPACT  
THE WORLD?

## Credit Card Payment Form

**Program:**

---

**Organization/Individual  
Name:**

---

**Contact Name:**

---

**Billing Address:**

---

**Phone # :**

---

**Date:**

---

**Name on Card:**

---

**Credit Card #:**

---

**Security Code:**

---

**Expiration Date:**

---

**Signature:**

---

**Amount to be Charged:**

---