

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:
