



Office of Lifelong Learning and Professional Programs

**St. Mary's College of Maryland Project Management Certificate Program
Registration Form**

Date: _____

Name: _____ SSN: _____

Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Fax: _____ E-mail: _____

REGISTRATION

Payment is expected at time of registration. Please use one form per person, even if using the group registration option. **Registrations are on-going** and accepted until the first day of class or until the class fills.

SERIES SCHEDULE

Course Name		Fall 2008 Dates	Spring 2009 Dates
Managing Projects Overview		Sept. 5-8	TBD
Project Integration		Sept. 26-29	TBD
Project Management Leadership		Oct. 24-27	TBD
Scope, Cost and Time Management		Nov. 7-10	TBD
Risk, Procurement and Quality		Nov. 21-24	TBD
Applications Lab in Project Management		Dec. 5-6 & Dec. 12-13	TBD

REGISTRATION BY AN INDIVIDUAL

Individual	\$4000	2008	
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GROUP REGISTRATION

This option is to be used to register more than one individual from the same employer. A separate registration form is required for each individual. Employer: please supply a list of all employees included in the group registration.

First registrant from the same employer:	\$4000	2008	
Each additional registrant from the same employer:	\$3500	Number of Employees	

PAYMENT OPTIONS

Please check one:

____ **Check enclosed** (make payable to St. Mary's College of Maryland). This registration form may be faxed with a note that check will follow in the mail.

____ **Credit Card** (Check One): VISA____ MasterCard____

The following credit card information may be called into the Office of Lifelong Learning and Professional Programs (240-895-2200) if you do not want to include this on a form that is faxed or e-mailed:

Credit Card Number _____ Expiration Date _____

Name as it appears on the credit card _____

Signature (required) _____

Payment Total _____

Billing Address (if different from address on reverse):

REFUNDS

Course refunds (less cost of books and/or course materials if these have already been received by the registrant) are issued according to the following schedule:

100% of course fees less cost of materials registrant has received if cancellation is received at least two weeks before the series begins.

80% of course fees less cost of materials registrant has received if cancellation is received less than two weeks before the series begins.

Course Cancellation/Substitution Policy:

Cancellations must be signed by the person registered for the course and sent to the Office of Lifelong Learning and Professional Programs by mail or fax. No phone cancellations will be accepted. Please contact the Office of Lifelong Learning and Professional Programs for further information on cancellation/substitution.

Registration form and payment may be returned by mail, fax or e-mail attachment

St. Mary's College of Maryland
Attn: Cashier
18952 E. Fisher Road
St. Mary's City, MD 20686-3001

Phone: 240-895-2200

Fax: 240-895-4378

E-mail: arguzman@smcm.edu