

# REGISTRATION FORM



## The Masters Certificate in Project Management

Program Registration

Register me immediately for the following session:

- Winnipeg:**  October 27, 2011 - March 10, 2012  
 January 12 - May 26, 2012
- Thompson:**  October 25, 2011 - March 13, 2012



### Four Ways to Register:

**MAIL** this form to The University of Winnipeg, Division of Continuing Education, 460 Portage Avenue, Winnipeg, MB R3C 0E8

**FAX** this registration form to 204.944.0115

**PHONE** 204.982.1167

**EMAIL REGISTRATION**  
d.wutke@uwinnipeg.ca

Please make cheque payable to The University of Winnipeg

- Mr.  
 Mrs.  
 Ms. Name

Date of Birth

Home Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Company \_\_\_\_\_ Function \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_

Tel. (WK) \_\_\_\_\_ Tel. (HM) \_\_\_\_\_ Tel. (Cell) \_\_\_\_\_

Canadian citizen  Yes  No Holding other citizenships  Yes  No

I declare that I have read and understood the information on this form and the attendance policy as outlined in the Registration Details on the rear panel of the printed brochure, and that all statements made with respect to this form are true and complete. I understand and I agree to the payment schedule, refund policy and attendance policy of The University of Winnipeg's specific program. I agree, if admitted, to comply with the regulations of The University of Winnipeg.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Brief Professional Background:

Number of years of PM experience: \_\_\_\_\_ Previous PM training:  None  1 Introductory course  A few courses  Many

Type of projects you manage:  IT implementation/software development  Construction/Engineering  Other (specify) \_\_\_\_\_

How did you first hear about this program:

### Executive Recommending Applicant (If applicable):

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### Payment Method:

Visa  Mastercard  Cheque (enclosed)  Invoice my company\*

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Payment options – please check:

**Paid in full**  \$8,495 CDN (Winnipeg)

\$9,795 CDN (Thompson)

**Deposit enclosed**  \$800 CDN

\*Must attach authorization on company letterhead or official purchase order, including company mailing address, contact person and authorized signature)

