

Human Resource Management Program Application

Name

Home mailing address

City State ZIP

Phone number (home) (work)

Place of employment

Position/Job title

Fax number E-mail

SHRM member # _____ (# required if paying member rate)

Registration

Mail Registration with check to:
Center for Continuing Education
Le Moyne College
1419 Salt Springs Road
Syracuse, NY 13214-1301

Check enclosed for \$ _____ Payable to: **Le Moyne College**

Check # _____

Bank _____