

Human Resource Management Program Application

Name: _____

Home mailing address: _____

City/State/Zip: _____

Phone number (home) _____ (work) _____

Preferred email
address: _____

Place of employment: _____

Position/Job title: _____

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

Exam you will be sitting for (CP/SCP): _____

Mail registration with check to:

Center for Continuing Education
Lemoyne College
210 Grewen Hall
1419 Salt Springs Road
Syracuse, NY 13214-1301

Check enclosed for \$ _____ Payable to: LeMoyne College

Check # _____

Bank _____