

REGISTRATION FORM



Register me immediately for the following session:

- Program Dates:
October 28, 2020 - May 15, 2021

The Masters Certificate in Project Management

Program Registration

EMAIL this form to epd@smu.ca

Name Mr. Mrs. Ms.

Organization _____ Department _____ Job Title _____

Business Address _____

City _____ Province _____ Postal Code _____

Email _____

Tel Preferred _____ Work _____ Cell _____

Canadian citizen Yes No Holding other citizenships Yes No

Brief Professional Background

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

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

This program will have digital materials that participants are required to download.

Please initial that you have read this requirement _____

Payment Method - Payment is due in advance of the start date

Please indicate payment method:

- Credit card (Please leave a contact number and we will contact you for your payment information.)
 Invoice my organization

Attention _____

Email _____ Tel _____

City _____ Province _____ Postal Code _____

PO# _____ Special Note _____

Invoice / Receipt Address (if different from above)

Payment options – please check:

Full payment \$8640 CDN

Deposit only* \$1,920 CDN

*payment in full is due in advance of the start date

Applicant's Signature _____

Date _____

