Moving Beyond Janus Registration Form

(One form per person) **Participant Information** Name: _____ Organization: _____ Work Address: _____State:_____Zip: _____ Work Phone: ____Cell Phone: ____ E-mail: __ **Course/Event Selection** Course # **Course Title** Date **Educator** Price All six workshops – Discounted rate (pre-pay) \$200 Legal Analysis of the Decision: August 2, 2018 **David Unger** \$50 Impacts and Strategies David Unger Internal Organizing Data 2. August 16, 2018 \$50 Maureen LaMar Systems Communication and David Unger 3. August 30, 2018 \$50 Messaging Maureen LaMar Member Leadership 4. \$50 Sept. 13, 2018 Kim Cook Development: Structures and 5. New Employee Outreach Sept. 27, 2018 Kim Cook \$50 Innovation for a Changing Allison Porter Alvarez/ 6. \$50 Oct. 11, 2018 Porter Associates Environment **TOTAL PRICE** \$ **Payment Method** Late cancellations/transfers incur a 25% charge. No-shows and cancellations not in writing incur a 100% charge. Cancellations and transfers must be in writing and arrive at Cornell 5 business days before the workshop date to avoid a charge. Signature of Registrant Please check one of the following payment methods: CHECK ENCLOSED, payable to Cornell University ILR, for \$ LETTER OF CREDIT: Attached PURCHASE ORDER: Attached CREDIT CARD: **AMEX** Discover MasterCard Visa TYPE OF CREDIT CARD: Personal Corporate Card #: _____Exp. Date: _____ Security Code (3 or 4 Digits):_____Name on Card: _____ Signature: PAYMENT OF BILL IS AUTHORIZED BY: Payment or payment guarantee (such as a Purchase Order) is expected at the time of registration. If a PO or other guarantee of payment will be submitted from your organization, an authorizing manager must sign the registration form taking responsibility of payment. You may pay by credit card or check. Please make checks payable to CORNELL UNIVERSITY ILR. Name of Authorizing Manager: Title of Authorizing Manager: _____ Signature of Authorizing Manager:

SPACE IS LIMITED:

Only 3 members from each local please.

To Register:

By Mail:

Complete the registration form and return to:

Cornell University, ILR School ATTN: ILR Customer Service 16 East 34th Street, 4th Floor New York, NY 10016-4328

By Fax:

Complete the registration form and fax to 212-340-2890.

Special Accommodations:

Please notify us at least two (2) weeks in advance if you require assistive aids or services to fully participate in the program.

For more information, please contact us at:

Phone

1-866-470-1922

Email:

ilrcustomerservice@cornell.edu

WORKSHOP LOCATION

All courses will be held on
Thursdays 10am – 12pm at
The Worker Institute at Cornell
16 East 34th Street
6th Floor
New York, NY 10016









The Authorizing Manager accepts the full terms of the cancellation policy above.