



Certificate in Nonprofit Management

Presented by Nonprofit Management Solutions & Chapman University

Registration Form

Please complete a separate form for each registrant.

Name _____

Organization _____

Position/Title _____

Home Address _____

City/State/Zip _____

Day Phone _____

Evening Phone _____

Fax _____

Email _____

Credit Card Payment

Mail

Kurt Norden, Chapman University, 7460 Mission Valley Road, San Diego, CA 92108

Fax

Kurt Norden (619) 908-6097

Charge \$ _____ to my Visa

Charge \$ _____ to my MasterCard

Charge \$ _____ to my Discover

Card # _____

Signature _____ Exp. _____

Check Payment

Make checks payable to Chapman University.

Then mail to Kurt Norden, Chapman University
7460 Mission Valley Road, San Diego, CA 92108
or fax to Kurt Norden (619) 908-6097

Check Enclosed: # _____ \$ _____

Office Use

Paid \$ _____ Receipt # _____ Date _____ Initials _____