

PROFESSIONAL CERTIFICATE PROGRAM ENROLLMENT FORM

This form DOES NOT register you for the NeighborWorks Training Institute. To register for the event you must submit the appropriate registration form located in this brochure.

IN WHICH PROFESSIONAL CERTIFICATE PROGRAM DO YOU WISH TO ENROLL?

PLEASE CHOOSE ONLY ONE:

Affordable Housing

- Funding and Finance
- Project Management

Asset Management (CHAM™)

Community Economic Development

Community and Neighborhood Revitalization

Community Engagement

Construction and Rehab

Green and Sustainability

Homeownership and Community Lending

Nonprofit Management and Leadership

- Organizational Leadership
- Organizational Management

For more information, including which courses are required for each of the Professional Certificates, visit NeighborWorks.org/careenhancement

ENROLL TODAY!

Please complete this enrollment form and return it with the \$100 nonrefundable enrollment fee to NeighborWorks America at the address below. Please complete all blanks (use N/A if a section does not apply) and please print. Enrollment cannot be processed without payment.

Mr. Ms. _____

Position/Title _____

Organization _____

Organization Address _____

City _____ State _____ Zip _____

Office Phone _____ Office Fax _____

Office E-mail _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Fax _____

Personal E-mail _____

How long have you been in your current position? ____

How long have you been in the community development field? _____

What is the highest level of education you have completed? Some high school High school diploma/GED

Some college Bachelor's degree Master's degree Doctoral degree

Please specify any degrees or professional certificates you have earned:

Which sector do you represent? Public Private Nonprofit

Are you affiliated with a NeighborWorks organization? Yes No

Payment Information

Professional Certificate enrollments will not be processed without the **\$100** nonrefundable fee per program.

Check enclosed. Check number _____ (payable to NeighborWorks America)

Charge my credit card: Visa MasterCard American Express

Card # _____ Exp. date ____/____

Name as it appears on the card _____

Authorized signature _____

Please return this form and the \$100 enrollment fee to Neighborhood Reinvestment Training, P.O. Box 418630, Boston, MA 02241-8630. (This is a P.O. Box and cannot receive Fedex shipments.) You can fax the form with credit card information to (800) 834-3758. For more information, please call (800) 438-5547 or e-mail certificates@nw.org.