



Course / Seminar Enrollment Form

Professional Development / Continuing Education / Extended Education

Thank you for your interest in enrolling in an HRC Corporate University Course and/or Seminar! Please complete the following information. Should you require assistance, please call us at (559) 227-6115.

Date: _____ HRC Member? No Yes – Membership Level: Associate* Preferred* Standard*

Contact Information

*Discount Amount: Associate – 25%, Preferred – 20%, Standard – 15%
Indicate discounted price below when enrolling. Discounts subject to verification.
Online classes are not eligible for a discount.

Dr. Mr. Ms. Mrs.

First Name _____ Initial _____ Last _____

Business: _____ (If applicable)

Address: _____ (include suite, apt. or office #)

City _____ State _____ Zip _____

Main Phone _____ Cell _____ Email _____

Courses / Program

Course / Program #1: _____ Cost: \$ _____

Location (city): _____ Date: _____ No. of Attendees: _____ CEU: Yes No CEU Type: _____

Course / Program #2: _____ Cost: \$ _____

Location (city): _____ Date: _____ No. of Attendees: _____ CEU: Yes No CEU Type: _____

Course / Program #3: _____ Cost: \$ _____

Location (city): _____ Date: _____ No. of Attendees: _____ CEU: Yes No CEU Type: _____

Total Amount \$ _____

Form of Payment

Cash Personal Check Company Check | **Credit Card:** Visa MC Discover Amex

Account Number: _____ Exp. Date: _____ CVC: _____

Name as it appears on card: _____ Billing Zip Code: _____

Signature: (X) _____

Authorization – I authorize the Human Resources Consortium, Inc. to charge my credit card in the amount indicated above (see "Total Amount").

Mail To: Human Resources Consortium, Inc.

Attn.: Corporate University
1941 N. Gateway Blvd., Ste. 102, Fresno, CA 93727

How did you hear about us?

Flyer Brochure Internet
 Word of Mouth Workshop

Fax To: 559.251.0234

Email: cu@hrconsortium.net

Phone: 559.227.6115

Other: _____