



School of Professional and Continuing Studies

Institute on Philanthropy Week-Long Program

Registration Form

Thank you for registering. You will be notified of course status prior to the start of class. One registration form per person. This form may be duplicated. If you are using a gift certificate, deduct the value as a discount and attach the certificate. If you require special accommodations to attend a class, please notify us at least 15 days in advance. Please type or print clearly using blue or black ink.

Student Information What kind of student are you? New Student Returning Student Date: _____

NAME _____
 LAST NAME FIRST NAME MIDDLE NAME OR INITIAL

ADDRESS _____
 COMPANY & STREET/PO. BOX

CITY STATE ZIP CODE

PHONE _____
 DAYTIME PHONE EVENING PHONE FAX

E-MAIL _____ **EMPLOYER** _____

BIRTH DATE [][][][][][] **GENDER** Male Female **UR ALUMNI** Yes No **GRAD YEAR** _____ **DEGREE** _____

ETHNICITY/RACE (Optional)

- Are you Hispanic/Latino? Yes, Hispanic or Latino No
- Regardless of your answer to the prior question, please select one or more of the following ethnicities that describes you:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Do you want to be notified about other School of Professional & Continuing Studies courses, programs and events? Yes No
 If so, how do you want to be notified? Mail E-mail Other

COURSE INFORMATION Please check below if applicable.

I am a University of Richmond employee (or dependent) utilizing my Tuition Remission benefit. I understand that this benefit has restrictions and may not be applicable to all non-credit courses offered by the School of Professional & Continuing Studies.

Program Options	Session Dates	Early/ Standard Fee	Other Discount	Deposit	Total
<input type="checkbox"/> Fund Development Institute	_____	\$ _____	\$ _____	\$125	\$ _____
<input type="checkbox"/> Grant Writing & Management Institute	_____	\$ _____	\$ _____	\$125	\$ _____
<input type="checkbox"/> Marketing for Nonprofits Institute	_____	\$ _____	\$ _____	\$125	\$ _____
<input type="checkbox"/> Planned Giving Institute	_____	\$ _____	\$ _____	\$125	\$ _____
	_____	\$ _____	\$ _____	\$125	\$ _____
Grand Total Enclosed					\$ _____

Note: Deposits are the minimum amount due at registration. All balances must be paid in full before the session begins. Deposit is nonrefundable.

PAYMENT INFORMATION Payment must accompany this form or be made online. Please read our Cancellation & Refund Policy.

Check. Enclose check made payable to *University of Richmond* **Credit Card.** Charge my Visa Mastercard American Express

University of Richmond Professional Development Account Number: _____
 Department Charge Index Account: _____ Expiration Date: _____ Amount: _____
 Supervisor Printed Name: _____ Cardholder's Name: _____
 Supervisor Signature: _____ Signature: _____

Need an e-mail confirmation message sent to an employer: E-mail Address: _____

BRING YOUR FORM TO US

The School is located in the Special Programs Building near the River Road entrance to campus. Call (804) 289-8133 for directions. Office hours: Mon-Thu 8:30 a.m. – 7 p.m.; Fri 8:30 a.m. – 5 p.m.

MAIL YOUR FORM TO US

Institute on Philanthropy, School of Professional & Continuing Studies, University of Richmond, Virginia 23173



Cancellation and Refund Policy. The Institute on Philanthropy reserves the right to cancel any class or make any other changes it deems necessary. Course fees will be refunded in full when the Institute on Philanthropy cancels a course. A participant who wishes a refund must make a request in writing at least three days prior to the first class meeting, and deposits are non-refundable.

