

Moving Beyond Janus Registration Form

(One form per person)

Participant Information

Name: _____
 Title: _____
 Organization: _____
 Work Address: _____
 City: _____ State: _____ Zip: _____
 Work Phone: _____ Cell Phone: _____
 E-mail: _____

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

Course/Event Selection

Course #	Course Title	Date	Educator	Price
All six workshops – Discounted rate (pre-pay)				\$200
1.	Legal Analysis of the Decision: Impacts and Strategies	August 2, 2018	David Unger	\$50
2.	Internal Organizing Data Systems	August 16, 2018	David Unger Maureen LaMar	\$50
3.	Communication and Messaging	August 30, 2018	David Unger Maureen LaMar	\$50
4.	Member Leadership Development: Structures and	Sept. 13, 2018	Kim Cook	\$50
5.	New Employee Outreach	Sept. 27, 2018	Kim Cook	\$50
6.	Innovation for a Changing Environment	Oct. 11, 2018	Allison Porter Alvarez/ Porter Associates	\$50
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: _____ Amount \$ _____

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: _____

Work #: _____

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



Cornell University
 ILR School