



Certificate in Case Management: Best Practices and Standards

Registration Form for training September 23 – December 2, 2010

Deadline for applications: September 9, 2010

(Space is limited registrations are processed in the order received)

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Agency: _____
Phone number: (Work) _____ (Home) _____
Email address: _____
Birth date OR Social Security number: _____
Supervisor's Name: _____ Phone _____
Email: _____

Tuition:

Tuition for the Certificate in Case Management: Best Practices and Standards is \$875 for non-profit employees. For other students who are not currently employed with a non-profit, the tuition is \$975. Scholarship is only available to participants employed with a non-profit located within the City of Seattle limits. Contact Nicole Chu at nchu@seattlejobsinit.com to request for a scholarship application. Tuition is payable to Antioch University Seattle and must be received no later than **September 9, 2010.**

Cancellation Policy:

A processing fee of \$75 will be charged for cancellation prior to September 10, 2010

50% of tuition will be refunded for cancellation between September 10, 2010 to September 23, 2010

No refund will be given after September 23, 2010

Please check the appropriate box below:

- I am paying my own tuition of \$ _____(please include payment information, below)
- My employer is paying the entire tuition of \$875 (please include payment information, below)
- I am employed by a non-profit agency located within the City of Seattle limits and I have been approved for a scholarship to cover \$450 of my tuition. The balance will be paid by (check one from below)

Please list contact information for person at your agency to whom the invoice should be sent:

Name of Person: _____ Title _____
Name of Agency: _____
Address of Agency: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email: _____

Payment Options:

___ Check, made payable to "Antioch University Seattle".
___ Master Card #: _____ Expiration Date: _____
___ Visa Card #: _____ Expiration Date: _____

I, _____ authorize Antioch University to charge the credit card above for the amount of \$ _____

Please mail or fax this form to:

Antioch University Seattle, Continuing Education
2326 Sixth Ave. Seattle WA 98121
Or FAX to 206-268-4115

For more information on the program, contact Debra Alderman at Antioch University at 206-268-4111 ce@antiochseattle.edu or Nicole Chu at Seattle Jobs Initiative at 206-628-6966 nchu@seattlejobsinit.com