

# Registration Form

## By Phone

Call 978-934-2405  
to register by phone

## By Fax

Fax this completed form  
to 978-934-2028

## By Mail

UMass Lowell  
CSCDE  
One University Avenue  
Lowell, MA 01854-2881  
Attn: Gwen Picanco

Please print clearly or type. Photocopy for additional forms.

## General Information

First Name	MI	Last Name
Title		
Company		
Address		
City	State	Zip
Work Telephone		Home Telephone
Fax	Email Address	

## Qualitative Research & Design with NVivo

Please select the session for which you would like to register:

- Spring 2009: March 2, 2009 through April 3, 2009  
Course#: 00.072-041; Registration Fee: \$450

## Payment Method

Please note we cannot accept American Express.

- Check enclosed, payable to the University of Massachusetts Lowell
- Purchase Order#: \_\_\_\_\_ Company's Federal Tax ID #: \_\_\_\_\_

**Please fax a copy of your PO to 978-934-2028 or mail it to the address above with your registration. A copy of the PO is REQUIRED in order to process your registration.**

Contact Name for PO: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Bill Credit Card:  MasterCard  VISA  Discover **We cannot accept American Express.**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_