



JON L. JENMARC, INCORPORATED
 Consultants in Education
 (V): 508.586.3574 (Fax): 508.586.6448
ENDICOTT COLLEGE



ON-LINE PROFESSIONAL DEVELOPMENT COURSE REGISTRATION FORM
 EMAIL REGISTRATION FORM TO: fran.jenmarc@gmail.com or fax it to 508.586.6448 or mail it to:
 Jon L. Jenmarc, Inc. 1350 Belmont Street, Williamsburg Square #101, Brockton, MA 02301-4430
You will be emailed directions to start the course.

SEMESTER _____ YEAR _____ Date _____ Endicott ID# OR Social Security # _____

Name _____ Male Female Date of birth _____
 Last First Initial/Maiden

Street Address _____

City _____ State _____ Zip _____

Phone (cell) _____ (work) _____ email _____

Occupation _____ Employer _____

Citizenship: U. S. Citizen Resident Alien Citizen of _____

Ethnic Origin (optional):

Non-Resident Alien Black, Non-Hispanic American Indian/Alaskan Native Other

Asian/Pacific Islander Hispanic White, Non-Hispanic Explain _____

* These questions are being asked to furnish statistics, as required by the Department of Education

I am registering for: Credit Non-credit

I am a new student. I have enrolled previously. Last date of attendance _____

Endicott College does not discriminate on the basis of race, creed, national or ethnic origin, or disability in the administration of its education policies, admissions, scholarship and loan programs, employment, or any other rights, privileges or activities involving its students, faculty or staff. The School of Graduate and Professional Studies reserves the right to make changes affecting policies, courses, instructors or other changes deemed necessary.

Course #	Sect.	Course Title	Cr.	Start Date	Course Fee
			3 gd		\$ 750.00

Total Course Fees:

Total Due: \$

Please make check payable to: Jon L. Jenmarc, Educ Consultants

ALL FEES ARE DUE AT THE TIME OF REGISTRATION.

Date paid _____ Amount paid _____ Payment Method: Check Money Order MC/VISA/AMEX

Card number _____ Expiration date _____

Cardholder's name _____ Signature _____

Cardholder's billing address _____