Post UNIVERSITY EST.1890
Post Makes It Personal

PMP/CAPM Exam Preparation
COURSE REGISTRATION

PERSONAL INFORMATION

First Name: _____ **Last Name:** _____

Employer: _____ **Job Title:** _____

Work Address: _____

Home Address: _____

Preferred Email: Home _____ Work _____

Phone: Home _____ Work _____ Cell _____

How did you hear about the program? _____

COURSE AND PAYMENT INFORMATION

Course Type: 4-Day PMP Boot Camp (Monday – Thursday) _____ 7 Online Sessions (Thursdays, 8pm – 11 pm) _____

Start Date: _____ **Fee:** _____ **Method of Payment:** Check _____ Visa/MC _____

(Please make checks payable to Post University and mail with this form to the below address.)

Credit Card Number _____ Exp Date _____

Billing Name _____ Billing Phone _____

Billing Address _____

Signature: _____ **Date:** _____

Send email to Dr. Stephen Onu, Program Chair MSPM at **sonu@post.edu** or mail to
Post University
Attention: Dr. Stephen Onu
800 Country Club Road, Waterbury, CT 06723-2540