

PRSA Training Order Form

Program: Your Resume is Your Calling Card Product: PD2713/REG

MyPRSA ID: _____

First Name: _____ Last Name: _____

Title: _____ Organization: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Email: _____ Phone: _____

Fax: _____

Do you have any special needs to help you fully participate? _____

New Professionals Section Members: \$60 PRSSA Members: \$60 PRSA Members: \$125

Nonmembers: \$200

Coupon/Promotion Code: _____

Payment Method

Enclosed check, payable to PRSA

Credit Card: American Express Master Card Visa

Card Number: _____

Expiration Date: ____ / ____

Cardholder Name: _____

Signature: _____

If paying by check, mail this form with your payment to: PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003

If paying by credit card, fax this form to: (212) 460-5460

No event registrations will be processed without proper payment.

Cancellation Policy

Cancellations must be submitted in writing and mailed to PRSA Registration, 411 Lafayette Street, Suite 201, New York, NY 10003, or faxed to (212) 460-5460. Cancellations are subject to a \$50 cancellation charge; there are no refunds or credits for those received less than 14 days before the course date. If you cannot attend, you may have someone attend in your place — please notify Professional Development at pd@prsa.org.