

PRSA Training Order Form

Program: Integrated Communication Certificate Program Product: CRSIC19/REG

MyPRSA ID: _____

First Name: _____

Last Name: _____

Title: _____

Organization: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Email: _____

Phone: _____

Fax: _____

Member Price: \$1,295.00 Nonmember Price: \$1,795.00

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.