

Course Registration Form

McCrone Research Institute

2820 S. Michigan Avenue, Chicago, IL 60616-3230 phone: 312-842-7100 • fax: 312-842-1078 • www.mccroneinstitute.org

You may register by mail, telephone or fax, or on our website, www.mccroneinstitute.org. Course Title and Number: Course Tuition: \$ Course Date: Salutation (select one): ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Name (last, first, middle): City/Town: State/Province: ZIP/Postal Code: _____ Country: ____ Telephone: _____ Fax: _____ Email (required): **Payment Options** Completed course registration form must be accompanied by a payment of the full course tuition before the first day of class. We accept fax or telephone registrations if you pay with VISA, MasterCard or American Express. Confirmation of your registration will be emailed to you. Payment method (select one): ☐ Check or money order payable to *McCrone Research Institute* ☐ Purchase order (please enclose) ☐ VISA ☐ MasterCard ☐ American Express Card No. _____ Exp. Date: _____

Register Online

Visit **www.mccroneinstitute.org** to read full course descriptions, and to register and pay for a course online. Our online course registration is SSL Certified for secure e-commerce and confidential communication. You may also download additional registration forms and get travel and hotel information.

Signature: ______ Date: _____

Cancellations

A minimum of 21 days notice of cancellation prior to the first day of a course or event is required for a full refund. McCrone Research Institute reserves the right to cancel within 10 working days of the first day of a course or event due to insufficient enrollment or other unforeseen circumstances.

For further assistance, please call us at 312-842-7100 or email the registrar at registrar@mcri.org.