



Non-Degree: Personal Financial Management Workshop Fall 2009 Registration

**CENTER FOR INNOVATIVE AND
PROFESSIONAL LEARNING**
RAMAPO COLLEGE OF NEW JERSEY
505 Ramapo Valley Road
Mahwah, NJ 07340

Telephone: (201) 684-7370
Fax: (201) 684-7277

Please type or print in ink.

Last name _____ **First name** _____ **Middle name** _____

Mailing Address:

Street Address-Line 1: _____

Street Address-Line 2: _____

City: _____ **State:** _____ **ZIP Code:** _____ **County:** _____

Day Telephone Number: (____) _____ **Evening Telephone Number:** (____) _____

Maiden or previous name (if different from above): _____
Last *First* *Middle*

E-mail address: _____

Demographic Profile (for statistical purposes only):

Date of birth: _____ **Gender:** Male Female
Month *Day* *Year*

Ethnic Origin (check one): Asian or Pacific Islander Hispanic
 American Indian/Alaskan Native Black, Non-Hispanic White, Non-Hispanic

CLASSES TAKE PLACE ON FOUR CONSECUTIVE THURSDAY EVENINGS IN THE ACADEMIC COMPLEX.

THURSDAY evenings (completion of the workshop takes place over 4 evenings):

- October 1 7 - 9 p.m.
- October 8 7 - 9 p.m.
- October 15 7 - 9 p.m.
- October 22 7 - 9 p.m.

Have you previously registered for a class or academic program at Ramapo College? No Yes

FEES: *(please check the box(es) below that apply)*

Please mail this completed form to the address at the top of the form along with your check made payable to: Ramapo College of New Jersey. Or, you may FAX the completed form to 201.684.7277 and bring your check on the first day of class. NO CASH OR CREDIT CARDS MAY BE ACCEPTED AT THE DOOR.

- \$69.00 for four Thursday evening classes
- \$49.00 I am a Ramapo College employee alumnus student
- \$20.00 Please provide an additional workbook for my spouse _____
Last name *MI* *First name*

My signature below certifies that the information listed on this application is true and accurate.

Signature

Date