



Human Resource Management Training Registration Form

Please provide all requested information.

Missing information may delay the processing of your registration.

Name		Employee Id#
Job Title		Phone #
E-mail Address		
Are you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long have you been a supervisor?	How many employees do you supervise?
Department		Division
Mailing Address		State Location Code

Are you currently enrolled in a Certificate Program? Yes No
If yes, which one: HRC SDC MDC

Course Information

Name of Course	Course #	Registration Fee (if any)
Date(s) of Course	Location	

Supervisor Approval

Supervisor's Name		Job Title
Phone #	E-mail address	
Address (if different than participant's)		State Location Code
<i>I support this employee attending the course above and commit to paying any registration fees.</i>		
Supervisor's Signature		Date

Please Return Registration Form To:
Human Resource Management
Carvel Bldg., 10th Floor
820 N. French Street
Wilmington, DE 19801
State Location Code: C1020
Fax: (302) 577-7757