

INTERCULTURAL CONTEXT OF TRAINING REGISTRATION FORM

Name & Title: _____

Organization: _____

Mailing address: _____

City/State: _____

Country/Zip or Postal code _____

This address is: Home Work Both

Home phone: _____ Work phone: _____

Fax: _____ Email: _____

In case of an emergency, we should contact:

Name: _____

Relationship: _____

Home phone: _____ Work phone: _____

TUITION AND MATERIALS:

(Please make checks payable to Intercultural Communication Institute)

\$420 Undergraduate

\$1,017 Graduate

ACADEMIC CREDIT:

(Please make checks payable to Portland State University)

\$165

METHOD OF PAYMENT:

U.S. bank check or money order (enclosed) Purchase order # _____

MasterCard VISA American Express Acct #: _____

Expiration date: _____ Signature: _____

BILLING ADDRESS (if different than mailing address)

Name: _____

Billing address: _____

City/State/Country: _____ Billing Zip/Postal Code: _____

Please complete registration form and send to:

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Email: ici@intercultural.org • Web: www.intercultural.org