## **COMMUNITY LEADERSHIP CERTIFICATE PROGRAM**

## Registration Form

Name:		
Last, First Middle		
Address:		
City:	State:	Zip:
Employer Name & Address:		
Cell Phone: ()	Business Phone: (	_)
Preferred Email:	Alternate Email:	
Please register me for the following co	urse(s):	
Course Name/Title: Community Lead	lership	
<b>Location:</b> University of La Verne Law S	School, 320 East D Street, Ontario, C	CA 91764
Course Start Date: Tuesday, 02/27/20	18	
Course End Date: Tuesday, 04/10/201	8	
<b>Time:</b> 6:00 PM -9:00 PM		
Cost: The 7-week Community Leade materials, and assessments.	rship Certificate program is \$295	. The cost includes books,
Refund/Withdrawal:		
You may cancel your registration up to less a cancellation fee of \$100. Otherw you are still responsible for full payme	vise cancellation fee is \$200. If you o	<del></del>
Please email form to engagement@	laverne.edu	
Signature:	Date:	