

# NJRA REDEVELOPMENT TRAINING INSTITUTE

## OTHER WAYS TO APPLY:

- 1** Online  
www.njra.us/rti.
- 2** By Phone  
609-292-0031
- 3** FAX this form to:  
609-292-6070
- 4** E-mail  
njrarti@njra.us
- 5** Mail this form to:  
NJRA  
150 West State Street  
2nd Fl.  
P.O. Box 790  
Trenton, NJ 08625

Salutation \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization (Please use full name) \_\_\_\_\_

Address \_\_\_ Work (Please check one) \_\_\_\_\_  
\_\_\_ Home

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### Education Level

\_\_\_ Less than High School \_\_\_ H.S. Diploma or Equivalent \_\_\_ Some College \_\_\_ Bachelor's Degree  
\_\_\_ Some Graduate School \_\_\_ Master's Degree \_\_\_ Ph.D and Higher

Are you seeking Certification Maintenance Credits \_\_\_ Yes \_\_\_ No

Which of the following best describes your organization? (Please check one)

\_\_\_ Local Government \_\_\_ Community-Based Development Organization \_\_\_ Developer  
\_\_\_ Financial Institution \_\_\_ Faith-Based Organization Other: \_\_\_\_\_

How did you hear about NJRA RTI? (Check all that apply)

\_\_\_ Brochure \_\_\_ Conference \_\_\_ Newspaper \_\_\_ E-mail from NJRA RTI \_\_\_ Meeting \_\_\_ Colleague  
\_\_\_ Past Attendee \_\_\_ Trade Show \_\_\_ Trade Magazine \_\_\_ NJRA RTI Web site \_\_\_ Other (specify) \_\_\_\_\_

Check here if you have special needs addressed by the Americans with Disabilities Act.

Check here if you have special dietary needs.

Please specify: \_\_\_\_\_

Please specify: \_\_\_\_\_

## ADDITIONAL INFORMATION

**State employees.** Because NJRA is a State Authority, state employees can take advantage of special pricing. Call 609-292-0031 for details.

**Registration Fees.** Fees for all courses are payable at time of registration. If payment is not presented at that time, you will be sent an invoice that is immediately payable upon receipt, unless other arrangements are made with NJRA.

**Please note:** Registration fees are subject to change without notice. Classes may be added, canceled, or scheduled without notice according to demand or due to unforeseeable circumstances.

**Scholarships:** A limited number of partial scholarships are available to non-profit organization and municipalities. Please explain your hardship on the back of this application.

### Transfer, cancellation and refund policy.

You may, in writing, transfer to a future course, send someone to take your place or cancel without penalty at any time up to three weeks (15 days) prior to your course. If you provide NJRA with less than three weeks notice, or fail to attend, you will be liable for the entire course fee. Telephone cancellations will not be accepted.

**Mailing list.** To be added to our mailing list, please send us your name, title and address to njrarti@njra.us.

### Class Cancellation Due to Weather:

To find out if class is cancelled due to weather conditions, please call: 609-292-0031.

Please register me for the following courses:

Course Name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Course Name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Course Name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

Charge My: \_\_\_\_\_ Amount: \_\_\_\_\_



Name (as shown on card): \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Authorized Signature (Required) \_\_\_\_\_

Please check here if your credit billing address is different from the address listed above.

Check (Make Payable to NJRA)

Purchase Order # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* My signature indicates that I have read and understand the important information stated on this application.*

