



CHECK REGISTRATION FORM NCI Complete Charrette Certificate Trainings - Portland 2027

Please submit a *separate form for each person*. One check may pay for multiple participants from the same government agency or business. Please print legibly.

Then, mail or email the completed form(s) and checks (mail only) to the MSU National Charrette Institute (see below for contact information). **Payment must be received prior to attending the program.** Refunds for cancellations within 14 business days before training will be less a 20% processing fee. Cancellations less than 14 business days prior to the program, will result in no refund being given. If a registrant cannot attend, rather than canceling, they may send a substitute without accruing a fee or penalty.

All fields below are required (*).

Full Name*:

Title*:

Community or Agency Name*:

Address*:

City, State, Zip Code*:

Country*:

Phone*:

Email Address*:

Rate: \$980

Workshop Cancellation: Michigan State University reserves the right to cancel a training unless adequate registrations are received 14 days prior to the event. ***NOTE: Do not make non-refundable travel arrangements until notified that the course is confirmed. MSU is not responsible for non-refundable travel arrangements if the course is canceled.***

Accommodations for Participation: Accommodations to participate in this event may be requested by calling 517-719-0332 before the registration deadline (14 days before the training program). Requests received after that date will be met if possible.

In order to reserve your seat for this training, this registration form must be received by August 6 2027. Registrations received after that date are not guaranteed. Return registration form (with check/money order made payable to Michigan State University) to: MSU National Charrette Institute

Human Ecology Bldg
552 W. Circle Dr, Rm 112
East Lansing, MI 48824
Tel: 517-884-0795
Email: nci@msu.edu

Nondiscrimination: All Michigan State University programs are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation marital status, family status or veteran status.

Signature:

Date: