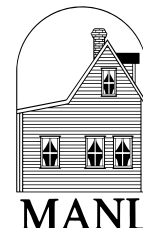


Museum Association of Newfoundland and Labrador
Museum Studies Certificate Program Registration Form

Information collected in this registration form and grades accumulated by participants are intended for the administration of this program and are considered confidential.



Full Name: _____

Organization (if applicable): _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Your contact information is being collected and used strictly for communications pertaining to the Museum Studies Certificate Program.

Are you currently a member of MANL?

Yes

No

In order to better understand our participants, we ask that you provide a brief overview of your work in the heritage sector (volunteer or paid) and/or any relevant academic training.

I have read, understand, and express my intention to comply with the policies and procedures governing the Museum Studies Certificate Program as outlined in the Certificate in Museum Studies Program Overview.

Date

Signature

Forward your completed form to:

Museum Association of Newfoundland and Labrador
PO Box 5785 • St John's, NL • A1C 5X3
Email: programs@museumsnl.ca • Web: museumsnl.ca