

Name:\_\_

confirm).

## CUSTOMIZED CERTIFICATE DISCOUNT PACKAGE\*

Please submit this form only if you are using the package option to register and pay for all classes at one time to receive discount.

Job Title/Position:			
Organization/Affiliation:			
City, State, Zip:			
Home Telephone:			
Business phone:			
E-mail:			
• •	ackage requires c	t depends on curriculum) urrent membership in The Non	profit Center.)
City, State, Zip:			
Website:			
Select the level of members  Your Budget	hip you wish to jo	in at:  MEMBERPLUS	
Under \$250,000	\$268	\$540	
	\$324	\$619	
\$250,001-\$500,000			
\$250,001-\$500,000 \$500,001-\$1M	\$433	\$777	
\$500,001-\$1M	\$433 \$541	\$777 \$934	
		·	
\$500,001-\$1M \$1,000,001-\$2M	\$541	\$934	

☐ Check box if you are already a Nonprofit Center member. (Please call 215-991-3676 if you need to

For more information on the benefits of membership, please visit our website.

## Please select the dates you wish to attend:

(Contact Rob Fennell with any questions regarding curriculum – fennell@lasalle.edu or 215-991-3676)

Course Name	Course Date

Please send the completed form to:

The Nonprofit Center 1900 W. Olney Ave. Philadelphia, PA 19141

By email: fennell@lasalle.edu

Once we have received the completed form and processed your application we will contact you by email to confirm your enrollment and provide instructions regarding making a payment.