

# Mini-MBA™: Strategic Healthcare

## Center for Management Development, Rutgers University

### Fall 2009

**Piscataway:** Thursdays - September 24 to January 7, 2010 - 6:00PM - 9:00PM (one evening per week for 13 weeks)

### Spring 2010

**Piscataway:** Accelerated 1 Week Program Monday through Saturday - January 25 to 30 - 9:00AM - 4:00PM

**Piscataway:** Thursdays - February 18 to May 13 - 6:00PM - 9:00PM (one evening per week for 13 weeks)

### Registration is easy! Register early, enrollment is limited!

(1) Complete form (electronically or by hand)

(2) Mail, fax (732-445-5665) or email (healthcare@cmd.rutgers.edu) registration form. (Do not include your credit card number in emailed registrations.)

#### Registrant Information:

**Name:** Mr.  Mrs.  Ms.  Dr.  \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Address:** Work:  Home:  Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone:** Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**BA/BS degree received from:** \_\_\_\_\_ Year: \_\_\_\_\_

How did you hear about us? Mail:  Web:  Past Participant: (Name) \_\_\_\_\_

Supervisor recommendation:  Email:  Other: (Please explain) \_\_\_\_\_

#### Billing Information: \*Total Program fee is \$4,995

\*Check enclosed for \$ \_\_\_\_\_ payable to Rutgers, The State University of New Jersey

**Please bill my organization:** \_\_\_\_\_ Purchase order enclosed:

Authorizing Manager Name: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorizing Manager Signature (if organization is being billed) \_\_\_\_\_

**Please bill my credit card:**\*  American Express:  MasterCard:  Visa:

Card Number: \_\_\_\_\_ Expiration Date: (MM/YY) \_\_\_\_\_

Name that appears on the card: \_\_\_\_\_

Signature (required): \_\_\_\_\_

\*Payment is due 21 days prior to the start date of the program. Credit cards will be charged at that time.

Code: Web 09/09

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**CANCELLATIONS AND TRANSFERS:** Cancellations and transfers will be accepted without charge if written notification is received any time up to 10 business days prior to the program start date. Cancellations or transfers made on or after that time are subject to the full cost of the program. Registrants who fail to attend and do not cancel prior to the start date will be responsible for the full cost of the program. No credit toward a future session will be granted.

**SUBSTITUTIONS:** Substitutions may be made before the start of the program. Written notification must be made in advance.

**PROGRAM CHANGES:** CMD reserves the right to make changes in programs or to cancel programs if enrollment criteria are not met or when conditions beyond our control prevail. Every effort will be made to contact each enrollee. Our liability is limited to refund of tuition only.