

**Schaefer Center for Public Policy - University of Baltimore  
Managing for Results - CY 2006 - 2007 Registration Form**

Course # and Date(s): \_\_\_\_\_

MFR Coordinator's Name: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Coordinator's Phone Number: \_\_\_\_\_

**ALL REGISTRATIONS MUST COME THROUGH YOUR MFR COORDINATOR.**

Name of Participant ID # (Birth month/day/last 4 digits of social security number)	Agency Name and Agency Address for Participant	Telephone and Fax Number	Attended MFR 100 Prerequisite	
			Yes	No
EMAIL ADDRESS:		Telephone:  Fax:		
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