



JOHNSON
Cornell University



FAMILY [®]
BUSINESS
& OFFICE
SCHOOL

First Name

Last Name

Date of birth

Gender

Female

Male

Primary Citizenship

Occupation

Business Name

Company

What is your organization's industry

How long have you been employed by your present organization

Position

E-mail

Personal E-mail

Telephone

Mobile Phone

Web

Street Address

City

State

Zip Code

Country

Please provide a brief biographical sketch. This information will appear to your classmates as part of your personal profile:

How did you find out about our course offerings?

Why did you choose us?

SUBSTITUTIONS, TRANSFERS, CANCELLATIONS AND WITHDRAWALS

Cancellations must be received in writing. Cancellations received less than 60 days prior to a program's start date will incur a charge of 100% of full tuition. If a registrant fails to attend without notification, or if a withdrawal occurs on or after a program start date, full tuition will be forfeited.

If a request to substitute a registrant is received in writing prior to a program's start date, there is no additional charge if the candidate is qualified.

I agree

Contact information in Miami: +1 786 307 1015 | +1 305 748 0862 | +1 786 398 8436

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