

## Certificate in Government Relations and Lobbying Application for Enrollment

Name:	5.		Date:	
Organiz	ation:			
Title:				
Email:		Phone:		
	of person m you report:		Title of person to whom you report:	
Would y	ou like us to keep your sup	ervisor updated with your progress?	Yes: No:	
	nts must have a minimum o ist number of years of appli	f two years' experience in the field of p cable experience:	oublic affairs.	
Please lis	st your previous places of em	ployment and job titles, as they relate to	o Government Relations and/or Lobbying involvemer	
	ORGANIZATION	TITLE	DATES OF EMPLOYMENT	
What are	e your areas of expertise?			
What are	e you hoping to achieve in p	oursuing this certificate?		
	By checking this box I acknowledge the \$199 application fee due upon acceptance of this application.			
	The Council accepts American Express, Discover, MasterCard and Visa. We'll email an invoice that you can pay online or you mous (202.787.5967) to pay with your credit card. Please do not send credit card information via email, voicemail or text.			
	Questions? Contact certific	cations@pac.org		
	I have read and agree to t	he terms of enrollment.		
Signature:			Date:	