

# REGISTRATION FORM

## VIDEOCONFERENCING ORIENTATION SESSION(S)

I am registering for the:  
(please circle one)

**2-hour session**

**4-hour session**

**6-hour session**

**8-hour session**

Each person from your organization must register. Please make copies of this form and submit one form for each participant. We ask that one Contact Person for your organization be named who can work with us prior to and during the session(s) period. The Contact Person will help coordinate the registration process, distribute materials to participants, and provide site support for the session(s). If the Contact Person also attends the session(s), then the Contact Person must register as a participant.

### Participant Information

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Address: (room, building, etc): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Contact Person

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Site(s) to be used during the session(s): \_\_\_\_\_

Will Contact Person also be a Registered Participant? Yes \_\_\_\_\_ No \_\_\_\_\_

### Participant Background Information

Professional Background: \_\_\_\_\_

\_\_\_\_\_

Experience with Distance Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continued on next page)

Reason for Attending the Workshop: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs: \_\_\_\_\_

**Fee**

By registering for this session(s), participants agree to the following:  
The fee for the Workshop is \$495 per person. There is a 15% discount when five or more are registering from a single organization. The fee covers tuition and materials only. Line, bridge or site charges are not part of the fee and will be a separate cost to the organization. No travel, room or board are included. A \$50 per person charge will be assessed for any cancellations received, in writing, less than ten (10) days in advance of the scheduled session(s). Participants and/or their organization are responsible for any additional costs which may occur at their own site.

Enclose payment with registration. Make check payable to: UW-Extension

1-4 people attending from this organization: \_\_\_\_\_ (total number of people)

2 hr=\$400 / 4hr=\$425 / 6 hr=\$450 / 8 hr=\$495 x \$ \_\_\_\_\_ per person

Total Amount Enclosed: \$ \_\_\_\_\_

Or, for the Discount Rate:

5 or more people attending from this organization: \_\_\_\_\_ (total number of people)

2 hr=\$340 / 4 hr=\$361.25 / 6hr=\$382.50 / 8 hr=\$420.75 x \$ \_\_\_\_\_ per person

Total Amount Enclosed: \$ \_\_\_\_\_

Please return completed forms and your payment to:

Dr. Rosemary M. Lehman  
Instructional Communications Systems  
University of Wisconsin Extension  
The Pyle Center  
702 Langdon Street  
Madison, WI 53706