

REGISTRATION FORM

VIDEOCONFERENCING ADVANCED WORKSHOP

a twelve (12) hour videoconferencing workshop
developed and designed by the University of Wisconsin-Extension

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 Workshop period. The Contact Person will help coordinate the registration process, distribute materials to participants, and provide site support for the Workshop. If the Contact Person also attends the Workshop, 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 Workshop: _____

Will Contact Person also be a Registered Participant? Yes _____ No _____

Participant Background Information

Professional Background: _____

Experience with Distance Education: _____

Reason for Attending the Workshop: _____

Special Needs: _____

Fee

By registering for this Workshop, participants agree to the following:

The fee for the Workshop is \$895 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 workshop. 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)

x \$895.00 per person

Total Amount Enclosed: \$ _____

Or, for the Discount Rate:

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

x \$760.75 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