

##### Three Days/Three Modes Registration Form

July 28, 29, 30, 2014; 8:30 am-3:30 pm
Luzerne Intermediate Unit 18, 468 Tioga Avenue, Kingston PA

# **Attendee Information (Please print):**

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

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

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

Gender: □ Female □ Male

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSU ID or Social Security Number\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (Number and Street or Box Number):\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Grade/Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ By checking this box I agree to allow Penn State to use this email address to communicate with me about this program. Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of its students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category. Please check the appropriate responses regarding your ethnicity and your race:

Is your **ethnicity** Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin)?
□ Yes, Hispanic/Latino

□ No, not Hispanic/Latino

□ No response

What is your **race** (select one or more)?
□ White

□ Black or African American

□ Asian

□ American Indian or Alaska Native

□ Native Hawaiian/Other Pacific Islander

□ No response

### **Payment Information:**

Cost is $350. per person
$300 each for teams of three or more from the same school site

Full payment must accompany registration form.
Space cannot be held without payment.
Phone/Fax registration must be accompanied by credit card information.

□ **Credit Card** (select): □ MasterCard □ VISA

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit card charges cannot be processed without signature and expiration date.

□ Check Enclosed (payable to Pennsylvania State University)

**REGISTER BY PHONE, MAIL OR FAX:**

**By Mail:**

Penn State Northern Tier

120 Career Center Lane

Towanda, Pa 18848

**By Phone:** 570-268-7778 **By Fax:** 570-268-7779

**Cancellations and Refunds:** Refunds will be made only if a written cancellation is received at least seven (7) business days prior to the first day of the course(s). After that, the participant or organization will be held responsible for the fee. Anyone who is registered but cannot attend may send a substitute.

To cancel a registration, fax your cancellation notice to 570-675-8308 or e-mail it to wbce@outreach.psu.edu. Penn State University reserves the right to cancel or postpone any course due to insufficient enrollment or other unforeseen circumstances. If a program is cancelled, registrants will be notified and a refund will be processed.

\*The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your unique identity for official record keeping and reporting in the Penn State records management system. If you choose not to supply your SSN, certain services—such as transcripts, enrollment verification, tax reporting, and financial aid—will not be available to you, and Penn State cannot guarantee a complete academic record for you. Penn State generates a nine-digit ID that will be used as the primary identifier for all day-to-day transactions.