

EXTENSION REGISTRATION FORM



Name _____ Male _____ Female _____
Last First Middle

Address _____
City State/Province Zip/Postal Code

E-mail Address _____

Social Security # _____ Home Phone _____ Work Phone _____

Birth Date _____ Marital Status: Single _____ Married _____ Maiden Name _____

Have you ever taken a workshop from Augustana University?
Yes _____ No _____ When? _____

Select one 3-credit option: PSYC 381RY (Undergraduate) _____ SPED 381RY (Undergraduate) _____
PSYC 581RY (Graduate level) _____ SPED 581RY (Graduate level) _____

Course Name: **RESPECTFUL ALLIANCES: RESPONSE ABILITY PATHWAYS (RAP)**

Beginning Date: _____ Location of Course: _____
City State/Province

Ending Date: _____ Name of Trainer: _____

Student Signature: _____

METHOD OF PAYMENT/CREDIT CARD AUTHORIZATION

___ US Dollar Check ___ US Dollar Money Order ___ Credit Card

Name _____

Billing address _____
Street/ P.O. Box

City State/Province Zip/Postal Code

Telephone _(_____) (work) (_____) (cell)

Type of Credit Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Account# _____ Exp. Date _____ CVV (3 or 4 digit) _____

I authorize **Reclaiming Youth at Risk** to process payment for \$300 US Dollars to the credit card listed above. I understand that this payment is non-refundable once the registration form is submitted to the university.

Signature _____

Note: Checks or money orders must be \$300 USD and made payable to "Reclaiming Youth at Risk." Your credit card will be processed by Reclaiming Youth at Risk in U.S. funds according to your designation on the registration form, \$300 USD for 3-credits.