

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 389RY (Undergraduate) \_\_\_\_\_ SPED 389RY (Undergraduate) \_\_\_\_\_  
PSYC 589RY (Graduate level) \_\_\_\_\_ SPED 589RY (Graduate level) \_\_\_\_\_

Course Name: RECLAIMING YOUTH AT RISK (FUTURES OF PROMISE)

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.