

# Registration Questionnaire



## **EXTENSION WEBINARS & ONLINE PROGRAMS**

**\*\* Please type. All information must be finalized & form complete before submitting. Incomplete information will delay the processing of your request. ALL FIELDS IN RED MUST BE FILLED OUT \*\***

Date Submitted \_\_\_\_\_ Replacing a canceled Face to Face program?      Yes      No

Online Program/Webinar Name \_\_\_\_\_

Date Registration Begins \_\_\_\_\_

**MINIMUM OF 5 BUSINESS DAYS' NOTICE IS REQUIRED**

Date Registration Ends \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Extension Workshop Account Number \_\_\_\_\_

*Indicate base & support account number. If no registration fee is charged, this account number will be used to charge Administrative & Conference Services' fees. **DO NOT LEAVE BLANK.** If you are unsure of the account number, please consult your office/department manager **BEFORE** submitting this questionnaire.*

### **Online Program/Webinar Description**

*This text will be published to your registration site. Please check for typos and punctuation as this will be copy/pasted online. **IF BEING HELD ON A SPECIFIC DATE, PLEASE INCLUDE THE DATE AND TIMES.***

**Questions**

*List any questions you would like to ask regarding your online program/webinar (license number, area of expertise, etc.).*

**Course Materials**

*Indicate information (agenda, syllabus, etc.) you wish to post online. This information must be in .pdf format & sent by email. One logo can be displayed on the registration site which should be in .jpg format & sent by email.*

**Enrollment or Access Instructions**

*This text will be sent in the confirmation email & will instruct the registrant how to access & begin the online program/webinar. Please test the instructions to make sure they are correct & function properly to access the online program.*

## Contact for Technical Issues

Will be listed online as the contact for all technical issues.

Name \_\_\_\_\_

Department \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Roster Access

Individuals will receive instructions to access online registration roster.

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

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## Extension Administrative Fees

- Fee Based Program (*Amount will be calculated & submitted as part of agency fee based programming on your behalf.*)
  - When replacing canceled face to face programs: 10% of registration fee or \$10 per registrant, whichever is higher.
  - General Monthly Webinars: 15% of registration fee
- 2.50% Credit Card Fee  
*Assessed when payment is made by Visa, MasterCard or Discover.*

## Conference Services Fees

- Process phone, fax, email or mail registrations - \$1 per registrant

**Primary Contact Information**

*This person will be listed online as the program contact.*

Name \_\_\_\_\_ Title \_\_\_\_\_

**Extension Level**

County \_\_\_\_\_ District \_\_\_\_\_

Department \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

List phone number online?                      Yes                      No

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Office/Business Manager \_\_\_\_\_

**Those authorized to add or make changes in addition to primary contact.**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

***Return completed form (not a pdf scan) to  
Texas A&M AgriLife Extension Conference Services  
Valerie.Lehmann@ag.tamu.edu  
Questions: 979-845-2604***