

# Registration Questionnaire



## **EXTENSION ONLINE COURSES & WEBINARS**

**\*\* 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 \_\_\_\_\_

Course Name \_\_\_\_\_

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

**MINIMUM OF 7 BUSINESS DAYS' NOTICE IS REQUIRED**

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

Course 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.*

### **Course Description**

*This text will be published on your registration site. Please check for typos and punctuation as this will be copy and pasted online.*

**Questions**

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

**Course Materials**

*Indicate information (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 Instructions**

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

## Contact for Course Technical Issues

*Will be listed online as the contact for course 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

- 15% Fee Based Program  
*Amount will be calculated & submitted to Extension Administration.*
- 2.5% Credit Card Fee  
*Assessed when payment is made by Visa, MasterCard or Discover.*

## Conference Services Fees

- Setup Fee - \$25
- Process phone, fax, email or mail registrations - \$1 per registrant

**Primary Contact Information**

*This person will be listed online as the event 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***