Wisconsin School Psychologists Association (WSPA) Summer Institute June 23-24, 2009

Program #089-44-07

Name: _____ Employer _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

(Employer or Home – *circle one)*

Daytime Phone: _____ Fax: _____ E-mail address: _____

SUMMER INSTITUTE:

Fee includes continental breakfast, refreshment breaks, and lunches.

☐ ***$195 EARLY BIRD – ON OR BEFORE 6/5/09*** $_____

☐ ***$215 AFTER 6/5/09*** $_____

CEUs:

☐ **APA Continuing Education Units fee**

Total Amount Due: $_____

Cancellation Policy

No refunds will be made in the case of non-attendance. Substitutions will be accepted. Full refund less $50 processing fee before June 10, 2009. Refund requests must be submitted in writing to: UW-La Crosse Continuing Education & Extension, 1725 State Street, 205 Morris Hall, La Crosse, WI 54601.

Method of Payment:

____ Check – made payable to UW-La Crosse ____ MasterCard ____Visa ____American Express

_ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ / _ _ _____

Credit Card # Exp. Date Cardholder's signature

_____

Name as it appears on the card Corporation/organization, if corp. or org. card

Special Needs: Please indicate any special needs you may have, including meals:

_____

Return this form along with your method of payment:

By mail: University of Wisconsin-La Crosse
Continuing Education/Extension Registration
205 Morris Hall, 1725 State Street
La Crosse, WI 54601

By fax: 608.785.6547
By phone: 608.785.6504
Online: www.uwlax.edu/conted
toll-free 1.866.895.9233

Registration implies permission for photos, publicity & inclusion in a participant list unless Continuing Education and Extension is notified in writing prior to the program.