

# ACT® Prep Registration: \$164

Name \_\_\_\_\_

School \_\_\_\_\_

Grade fall 2011 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

email \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent #1 Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

### Form of payment:

Visa     Mastercard     American Express

Check (Enclosed and made payable to UW-La Crosse)

CC# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Cardholder's signature \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

### Special Needs: Please indicate any special needs you may have:

\_\_\_\_\_

Return this form along with your method of payment:

- By Mail    UW-La Crosse  
                 Continuing Education Registration  
                 205 Morris Hall | 1725 State St. | La Crosse, WI 54601
- By Phone    608.785.6504 | Toll-free 1.866.895.9233
- By Fax       608.785.6547
- By Web      [www.uwlax.edu/conted](http://www.uwlax.edu/conted)

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

Cancellation Policy: Substitutions are welcome in lieu of cancellations. Request for cancellations must be sent in writing and postmarked or faxed to UW-L Continuing Education registration by Feb. 6, 2012 for a full refund minus \$25 processing fee. No refunds will be made after deadline.