

# Shared Leadership

*April 10 and 17, 2008  
1:30 – 3 p.m. CST*

Yes, I would like to enroll in Shared Leadership, a two module distance education course. I understand that I am enrolling in the entire two week course. Each session will be held from 1:30 – 3 p.m. Central Standard Time.

I will be sharing a computer and phone line with: \_\_\_\_\_  
A registration form must be completed for each participant.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Daytime Phone/Fax/E-mail: \_\_\_\_\_

County, Area or State Appointment: \_\_\_\_\_

Primary area of responsibility: \_\_\_\_\_

Years of experience in Extension: \_\_\_\_\_ Percent of time spent in community development work: \_\_\_\_\_

PLEASE NOTE: Information provided on this registration form may be shared with other participants. If you do not want your information released, please indicate by checking the box below.

I do not want the information I have provided on this registration form released to other participants.

Registration for the two module course is limited to 20 participants. The cost is \$50 per person. If you are sharing a computer and phone line, the cost per additional person is \$25. Registrations cancelled prior to April 4, 2008, will be subject to a \$20 cancellation fee. Registrations cancelled after April 4, 2008, are nonrefundable. Complete and mail or fax this registration form (one per participant) with payment to Pam Cooper, NCRCD, Iowa State University, 107 Curtiss Hall, Ames, IA 50011-1050; (515) 294-8321; (515) 294-3180 fax.

Payment:  I have enclosed a check payable to: Iowa State University  
 I have enclosed a purchase order  
 Please charge my  VISA  MasterCard  Discover

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS REGISTRATION FORM FOR YOUR RECORDS**