

Foundations of Practice

*Understanding Communities
and their Dynamics
Component 1 – 2007*

- Yes, I would like to enroll in Understanding Communities and their Dynamics, a seven module distance education course. I understand that I am enrolling in the entire seven week course and will receive a certificate of completion if I participate in at least six of the seven sessions. Each session will be held from 1:30 –3 p.m. Central Standard Time. The series I would like to enroll in is (check one):

_____ Tuesdays, March 13 - May 1, 2007
(no session on April 17, 2007)

_____ Wednesdays, March 14 to May 2, 2007
(no session on April 18, 2007)

- 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 seven module course is limited to 40 participants. The cost is \$150 per person. If you are sharing a computer and phone line, the cost per additional person is \$25. Complete and mail or fax this registration form (one per participant) with payment to University Conference Services, Iowa State University, 102 Scheman Bldg, Ames, IA 50011; (515)-294-6223 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