

October 28, 2011
9:00 AM – 12:15 PM
High School Counselor Financial Aid Update
Registration Form

Please complete each of the following items and send the form to the **Site Contact Person no later than October 03, 2011 by phone, fax or email.** Names and addresses of the site contacts are listed on the enclosed schedule and fax numbers are also provided. Attendance at the program is **free**. There is no online registration.

A. ATTENDANCE

1. Site selected _____
2. Persons planning to attend. Please note years of financial aid counseling experience in far right column.

Name/Title	Email Address	Number of Years

B. INSTITUTION INFORMATION

Name and address of your school (or organization)

Name:
Institution:
Mailing Address:
Phone:

C. REQUESTS

1. Please identify any special needs and/or special dietary requirements needed to assist attendee:
2. Do you need directions/map to the program location? ____Yes ____No
3. If you have a specific question or an item you wish to have covered at the program, please list.