

HIGH SCHOOL COUNSELOR FINANCIAL AID WEBCAST

October 26, 2012

9:00 a.m. to 12:30 p.m.

(Check in at host site from 8:00 to 8:45 a.m.)

REGISTRATION FORM

Please fax or e-mail your completed Registration Form to the college or university site you have chosen **no later than September 21, 2012**. Names, fax numbers, and e-mail addresses of the site contacts are listed on the enclosed High School Counselor Webcast Site List. Attendance at this program is free.

SELECTED SITE _____

ATTENDEE INFORMATION *(Please print clearly.)*

Name and Title	E-mail Address	Are you interested in obtaining continuing education credit?	
		YES	NO

Institution Name: _____

Mailing Address: _____

Phone Number: _____

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 during the Webcast, please list.