

**Office of Outreach and Extension, University of Wisconsin-Green Bay  
Registration Form - Spanish for Professionals**

Saturdays, 8:30 – 11:30 a.m. - September 26, October 10 and 24, November 14, and December 5

Online course material in-between face to face class times. 30 hours of instruction.

**UW-Green Bay Campus - Wood Hall 213/214**

Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Agency/Organization \_\_\_\_\_  
\_\_\_\_\_

Preferred mailing Address is **(circle one) Home Work**

Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_

Ethnicity \_\_\_\_\_  
(1) American Indian      (5) Other Asian (Hmong)  
(2) African American    (6) Caucasian  
(3) Southeast Asian      (7) Other  
(4) Hispanic

Gender      Male      Female  
Age      18-34 (B)    35-49 (C)    50-64 (D)    65 or Older (E)

Are you enrolled for Career Purposes? \_\_\_\_\_  
How did you hear about this Spanish program?  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_ I am interested in enrolling for two undergraduate or two graduate credits. Please contact us with questions at [christem@uwgb.edu](mailto:christem@uwgb.edu) or 920-465-2267.

Liability signature: By completing this application I agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Green Bay, their officers, agents, and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the UW-Green Bay Summer Camps program.

**Signature Required:** \_\_\_\_\_

Photo Permission. I understand that the University of Wisconsin may take photographs/video footage of participants and activities. I agree that the University of Wisconsin-Green Bay shall be the owner of and may use such photographs relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of photographs.

**Signature Required:** \_\_\_\_\_

**MAIL OR FAX YOUR REGISTRATION TO:**

**Spanish for Professionals  
UW-Green Bay  
Outreach and Adult Access  
2420 Nicolet Drive  
Green Bay WI 54311-7001  
Fax (920) 465-2643**

**REGISTRATION FEE**

Registration Fee (includes non-credit instruction) **\$289.00**

**PAYMENT**

\_\_\_\_\_ My check with full payment, payable to UWGB Spanish for Professionals, in the amount of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_ My check (\$100 minimum deposit) payable to the UWGB Spanish for Professionals, in the amount of \$\_\_\_\_\_ is enclosed. I will pay the remaining balance of \$\_\_\_\_\_ by September 25, 2009.

\_\_\_\_\_ My Purchase Order # \_\_\_\_\_ in the amount of \$\_\_\_\_\_ is enclosed.

\_\_\_\_\_ Please charge my credit card \$ \_\_\_\_\_ **(circle one): MasterCard VISA**

\_\_\_\_\_ I am making a deposit of \$ \_\_\_\_\_ (minimum of \$100). Please charge the balance of \$ \_\_\_\_\_ on my **(circle one) MasterCard VISA** September 25, 2009.

Name on card \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_