

**REGISTRATION APPLICATION FOR  
GIS CENTER WORKSHOPS**

**A completed registration application form is required from each student.** Incomplete or unsigned registration forms may delay your class reservations. Email this fillable form to [giscenter@isu.edu](mailto:giscenter@isu.edu).

We request that you email, mail or fax this form to us at least *one month prior* to the date your class begins. Before doing so, contact the Course Registrar (Tel.: (208) 282-3606) for course availability. Registrations are processed on a first-come, first-served basis.

See next page for complete registration information

**STUDENT INFORMATION/ORGANIZATION ADDRESS** (Please print your name as you wish it to appear on your class certificate.)

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Organization \_\_\_\_\_  
Department \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
e-mail (for registration confirmation) \_\_\_\_\_

**BILLING INFORMATION** (Required if different than information above.)

Organization \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Department \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Province \_\_\_\_\_ Country \_\_\_\_\_

**COURSE INFORMATION**

1.	_____	_____	_____	\$ _____
	Class	Dates	Location	
2.	_____	_____	_____	\$ _____
	Class	Dates	Location	
			<b>Total Tuition:</b>	\$ _____

**I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS APPLICATION**

\_\_\_\_\_  
Signature (required)

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

**PAYMENT INFORMATION**

We require proof of payment in order to complete your registration. Payment may be made by check (payable to The GIS Training and Research Center-ISU), preexisting contractual obligation, federal government training request, purchase order or credit card. Please mail or fax your payment and registration form to Keith T. Weber, Idaho State University, GIS Training and Research Center, 921 South 8<sup>th</sup> Ave., Stop 8104, Pocatello, ID 83209-8104

Check Number:   
Gov't Training Request No:   
Contract Number:   
P.O. Number:

Credit Card Information:  Visa  Mastercard  
Name on Card:   
Number:   
Exp. Date/3-Digit Security Code:

# REGISTRATION INFORMATION

## **REGISTRATION PROCEDURE:**

FAX this completed form to Keith T. Weber (208) 282-5802

MAIL this form and your payment to: **Keith T. Weber**  
**GIS Training and Research Center**  
**Idaho State University**  
**921 S. 8<sup>th</sup> Ave., Stop 8104**  
**Pocatello, ID 83209-8104**

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## **CANCELLATIONS AND SUBSTITUTIONS**

Cancellations received up two weeks (10 business days) prior to the start of the workshop are fully refundable. After that date, 50 percent of the registration fee is non-refundable. Workshop cancellations made within one week (5 business days) of the workshop will be charged in full. Please note that if you don't cancel and don't attend the workshop, you will still be responsible for full payment. Substitutions may be made at any time for no additional charge.

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## **TRAVEL**

Transportation to the training site is the registrant's responsibility. The GIS Training and Research Center and Idaho State University assumes no responsibility for nonrefundable travel arrangement losses resulting from course scheduling changes or cancellations.

## **LODGING**

Registrants make their own lodging arrangements.

## **COURSE MATERIALS**

All course materials are provided at the training site.

## **RECOMMENDED ATTIRE**

Casual dress is suggested.