

Adventure
Learning Center

January 23rd & 24th

Cost: \$75 per person for two days, \$50 per person for one day.

SYMPOSIUM

Make the **CHOICE**, to take a **CHANCE**, to **CHANGE**.



Take responsibility for your own learning and share your knowledge with other facilitators, administrators, teachers, students, and trainers. As a participant it is up to you to help create a community of learning and sharing where there is no dumb question, politics and judgments are left at the door, everyone is an equal and YOU are an expert.

We ask participants to bring ideas, questions, presentations, and games to the conference with them. As a community we will take these ideas and build our conference agenda based on the needs of our participants.

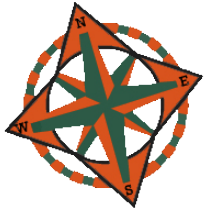
OUTCOME:

Creating Positive Relationships and Environments to learn

Registration 8am—9am both days and the conference will run from 9am-5pm each day.

Location: 1625 Adventureland Dr., Ste A, Altoona, IA 50009

IOWA STATE UNIVERSITY
Extension and Outreach
Healthy People. Environments. Economies.



Adventure
Learning Center

January 23rd & 24th

REGISTRATION

Make the CHOICE, to take a CHANCE, to CHANGE.

Participants Information

Name: _____
 Organization: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Cell: _____
 Email Address: _____

How did you first hear about the symposium?

- Website
- Conference
- ALC Facilitator
- Other _____

Cost

- \$75 for 2-Day Conference
 - \$50 for 1 Day: January 23rd or 24th
- (please circle one)

Payment Information

All conferences require payment in full to reserve a space. Purchase orders will be accepted from non-profit, schools and government agencies.

50% of tuition is non-refundable unless cancellation notice is given at least two weeks prior to the date of the workshop. Refund is less a 10% handling fee.

Please make checks payable to Polk County Extension and mail with your registration to: 1625 Adventureland Dr., Ste A, Altoona, IA 50009

Total amount due: _____

Payment type:

- Check (check#) _____
- Purchase Order (PO#) _____
- Credit Card

Card # _____ 3-Digit code on back _____

(If you would prefer calling in your Credit card, please call (515) 957-5767)

Exp date: _____

Cardholders Name: _____

Signature: _____

Billing Address:

