

Request for eXtension to Collect Fees for Courses or Events

Course/Event Coordinator

Name: _____

Email Address: _____ Phone: _____

Name of Course/Event: _____

Registration Fee Amount: \$ _____ Other pricing options: _____

Agreement: It is understood that fees collected for courses or events offered through eXtension will be deposited with the eXtension Foundation. Unless governed by a separate institutional or course-specific agreement, the undersigned agrees that the eXtension Foundation will retain 5% of any such registration fees net of credit card and transaction fees. The eXtension Foundation will further receive, process, and distribute these fees as described in eXtension's Terms of Use (<https://extension.org/special-circumstances/>)

Coordinator Signature: _____ Date: _____

Fees are to be distributed to:

Name of institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Institution's Fiscal Representative

Name: _____ Email: _____

Signature: _____ Date: _____

Scan and email this form to cataloghelp@extension.org