Penn State Extension

Northampton County
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Embryology Program Request Form

Contact Teacher:_____ Date:_____

E-mail:_____ Phone:_____ Cell Phone:_____

Address:_____ Zip Code:_____

School:_____ Date:_____

Grade(s):_____ Total number of Students: _____ (*for program materials*)

In compliance with the USDA regulations on Equal Opportunity and Affirmative Action, Penn State Extension is required to certify that its programs are conducted on a nondiscriminatory basis. To certify that the programs and services we provide do offer equal access for all persons who wish to participate, we must document participation by race/ethnic categories and sex and periodically report the extent of this participation in all Extension programs.

Indicate the exact number of students in each category.

Sex: Male:_____ Female:_____

Ethnicity: Non-Hispanic:_____ Hispanic:_____

Race: White:_____ Black:_____ Native American:_____ Asian: _____ Pacific Islander:_____

Residence: Farm:_____ Rural:_____ Town:_____ Suburbs:_____ Cities:_____

Available Dates for Programs: (Mondays or Tuesdays) *Please select all available dates for your class.*

____**February 28, 2017,** 9:30AM /1:00PM
____**March 6, 2017,** 9:30AM /1:00PM
____**March 7, 2017,** 9:30AM /1:00PM
____**March 13, 2017,** 9:30AM /1:00PM
____**March 14, 2017,** 9:30AM /1:00PM
____**March 20, 2017,** 9:30AM /1:00PM
____**March 21, 2017,** 9:30AM /1:00PM
____**March 27, 2017,** 9:30AM/1:00PM
____**March 28 2017,** 9:30AM/1:00PM
____**April 3, 2017,** 9:30AM/1:00PM
____**April 4, 2017,** 9:30AM/1:00PM
____**April 18, 2017,** 9:30AM/1:00PM
____**April 24, 2017,** 9:30AM /1:00PM
____**April 25, 2017,** 9:30AM /1:00PM
____**May 1, 2017,** 9:30AM /1:00PM
____**May 2, 2017,** 9:30AM/1:00PM
____**May 8, 2017,** 9:30AM/1:00PM
____**May 9, 2017,** 9:30AM/1:00PM
____**May 15, 2017,** 9:30AM/1:00PM
____**May 16, 2017,** 9:30AM/1:00PM

******If the time slots do not fit your schedule, we can work with your school.***

Embryology Cost: ***$199.00*** *for the first class* $199.00
+ *$75.00* *per each additional class* x _____ = _____
(# of classes) Total Fee

Payment is recommended at time of registering your class(es).
Please make check payable to: **PSCE Program Account**

If you need to have your school or district billed for the program; please complete the information below:

School or District Office:_____

Contact Person:_____

Address:_____

Phone:_____