

On-Line Registration – Step by Step Process

Go to www.swwc.org/studentactivities

Select the conference you would like to register for.

Click the “Register Here” link to get started.

Select if you are a school or parent registering.



Conference Name

Date

8:00 a.m. - 2:00 p.m. CST

Southwest Minnesota State University

RA Facility on Mustang Trail

1501 State Street

Marshall MN 56258

Before proceeding, please select one of the two options:

This information is for SWWC Student Enrichment staff only.

Type of Registration *

- School registering attendee(s)
- Parent/Guardian registering attendee(s)

If you select school, you will see this.

Here is where you enter the contact person information. This is contact information only. The person SWWC staff will send info and questions to. By filling in this information it does not mean you are registered. You must enter all the persons attending in the Registration Section.

Information Section: This is contact information only

Contact Person Name *	<input type="text" value="First"/>	<input type="text" value="Last"/>	
Job Title *	<input type="text"/>		
District Name/Building *	<input type="text" value="(Choose One)"/>		
Work Email *	<input type="text" value="Required - Work Email Address"/>		
Address *	<input type="text" value="Street Address"/>		
City, State and ZIP Code *	<input type="text" value="City"/>	<input type="text" value="State"/>	<input type="text" value="ZIP Code"/>
Work Phone	<input type="text"/>		
Work Extension	<input type="text"/>		
Cell Phone *	<input type="text"/>		
Comments	<input type="text"/>		

If you select parent, you will see this.

Here is where you enter the contact person information. This is contact information only. By filling in this information it does not mean you are registered. You must enter all the persons attending in the Registration Section.

In this section, the parent will register themselves or the adult chaperoning the student/s.

Information Section: This is contact information only

Parent/Guardian Name *	<input type="text" value="First"/>	<input type="text" value="Last"/>
Parent/Guardian Email *	<input type="text" value="Email Address"/>	
Parent/Guardian Cell Phone *	<input type="text"/>	
Address *	<input type="text" value="Street Address"/>	
City, State and ZIP Code *	<input type="text" value="City"/>	<input style="border: none; background-color: #f0f0f0; padding: 2px 5px; font-size: 0.9em; font-weight: normal;" type="text" value="State"/> State ▼
Comments	<input style="width: 100%; height: 80px; border: 1px solid #ccc;" type="text"/>	

This is the **Registration Section for adults.**

If you are an adult, select Adult and your school district your students attend. For grade, please select Adult.

Registration Section: Who will be joining us?

Enter all adult chaperones and students attending.

Participant Name *

Fee Amount *

Student (\$40.00)

Adult (\$10.00)



Adults select same district as child.

School Name *

(Choose One) ▾

Student Grade *

(Choose One) ▾

Is your student attending with you or their school? *

With Parent

With School - Must have prior approval from school

If student is coming with school, who granted approval?

Teacher's Name

Teacher's Email

Terms and Conditions *

Cancellation Policy

• Cancellation requests must be received by the registration deadline (4-13-23 at midnight) for a refund less a \$10/student service charge. After the deadline, no refunds will be processed. Thank you for understanding.

• Substitution of attendees: If a participant is unable to attend, send someone in his or her place (same classes) and notify Andrea of the changes, so she can make appropriate adjustments.

I have read and agree to the terms above.

This is the **Registration Section for students.**

If you are a parent expecting your student to attend with their school group, you must get permission from their school/teacher who is bringing a group. Then fill in the teacher's name and email who gave the permission.

Registration Section: Who will be joining us?

Enter all adult chaperones and students attending.

Participant Name *

Fee Amount * Student (\$40.00)  Adult (\$10.00)

Adults select same district as child.

School Name *

Student Grade *

Is your student attending with you or their school? * With Parent With School - Must have prior approval from school

If student is coming with school, who granted approval?

Teacher's Name

Teacher's Email

Session Topics

Choice 1 *

Choice 2 *

Choice 3 *

Choice 4 *

Choice 5 *

Choice 6 *

Terms and Conditions *

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I have read and agree to the terms above.

Click this button to “Add Another Registrant” (adult or student).

ADD ANOTHER PERSON (STUDENT OR ADULT)

Payment Information

Parents must pay with Credit Card. Payment goes through WePay.

Schools can also pay with Credit Card if they choose.

Let Andrea know if you need to be billed, prior to registering.

The Contact Person will fill in the Payment Information. Click Register and Pay after adding all participants.

Once you submit payment and decide you need to add another person, you will need to go through the process again.

Payment Information

Name on Card *

I am representing an organization

Card Number *

    

Expiration Date *

Address *

City, State and ZIP Code *

Billing Email for receipt *

REGISTER AND PAY