



Formal Replication Registration 2010

Replication Organization Name: _____

Contact Person Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Daytime phone: _(_____)_____ Evening phone: _(_____)_____

If we need to call you, which phone should we use: ____ Day ____ Evening ____ Either

Fax number: _(_____)_____ Organization's web address: _____

I wish to offer Wi\$eUp financial education to our members/clients/employees/associates and will ensure that they use our assigned registration code while working on the curriculum. This code will be provided to you once the completed registration form has been received by Texas AgriLife Extension Service at Texas A&M University (Extension).

I have read the Replication Guidelines and will encourage Wi\$eUp participants to complete the required Chapter(s) 4, 5 and/or 7, to complete and submit the pre-assessment and post-assessment for each chapter done as well as the three-month final assessment.

The Replication Option (refer to the Replication Guidelines for details) I will be using is:

- Wi\$eUp in a classroom setting
- Wi\$eUp online (directions will be provided by TCE)

I understand that the Wi\$eUp goals are reduced debt and increased savings/investments. I will assist Texas AgriLife Extension Service in capturing the data needed to track the achievement of these goals.

I hereby release and hold harmless Texas AgriLife Extension Service and the United States Department of Labor Women's Bureau for the use of my organization's name and the use of my name, written or spoken words, photograph, picture, portrait, likeness, and voice (hereinafter collectively known as image) in order to operate, evaluate, and publicize the Wi\$eUp Financial Education Program. This includes the right to use, reproduce, publish, exhibit, distribute, and transmit the image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television tape, sound recordings, still photography, CD-ROMs, and other media. I understand that the image may be obtained through this application and through my participation in the Wi\$eUp listserv, on the Wi\$eUp web site, or at any Wi\$eUp events held at the local, regional, or national levels.

I plan to have a link to Wi\$eUp from our organization's website. Yes No

Signature

Date

Fax completed form to: Vita Roth (979-845-6496)

Questions? Phone 979-845-3850

Email wiseupwomen@wiseupwomen.org