

DATE: July 14, 2017  
FROM: Mary Jo Ginty, Regional for Lead After School Technical Assistance Unit  
TO: Interested Party  
SUBJECT: **ASPIRE REGISTRAR**

Thank you for your interest in becoming a **Registrar**! A Registrar's role is to register multiple people from the same organization. In order to become a Registrar, you must agree to the guidelines below and complete the attached application. Application should be returned to: [gastelum\\_alma@lacoedu.edu](mailto:gastelum_alma@lacoedu.edu).

**Policies & Procedures:**

- Must complete the application process and be approved
- A Registrar can register up to 50 people
- An organization is permitted to have a maximum of two registrars
- There is a \$25 fee for each registered participant who does not show up to an event; The \$25 charge is in addition to any fees that are associated with the event fees.

**Roles & Responsibilities of the Registrar: The Registrar is responsible:**

- For notifying the potential participants of details of the event (*venue, time, date, etc.*) for which they have been registered and of any changes (*ex: cancelations, venue changes, time change, room change, etc.*)
- For canceling potential participants at least one (1) business day prior to the scheduled event on the ASPIRE website
- For deleting an ASPIRE member who is no longer working for the organization
- For checking to see if the potential participant meets the criteria of the target audience

# Registrar Application for ASPIRE Website

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This form is for persons who are interested in becoming a registrar, thus enabling them to register multiple people from the same organization for ASPIRE events. Please fill out the following form, and email to Alma Gastelum: [gastelum\\_alma@lacoedu](mailto:gastelum_alma@lacoedu) or fax to: 562-922-6687.

Registrar's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's Phone Number: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_

Approved by LACOE Expanded Learning Technical Assistance Unit

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date