

# Extreme Retirement Planning



Learn how to determine when you can afford to quit working and what your sources of income will be in retirement. This practical course will emphasize planning for your future with hands-on, in-class assignments using real-life examples of life-after-work situations.

- The decision to retire
- Income during retirement
- Accumulating and investing for retirement
- Financial/lifestyle planning consideration

Retirement planning workbooks will be provided for each person/couple enrolling in this four-class series. Put both participants name and information on the registration form.

**Jan. 17-Feb. 7, 2012**  
**Tuesdays • 6-7 p.m.**

**SCC Continuing Education Center**  
**301 S. 68th St. Place, Lincoln**

**Individuals: \$49/person**  
**Couples: \$89/couple**

For more information, contact Nancy Holman at  
 nholman@southeast.edu • 402-437-2712 • 800-828-0072, ext. 2712

## REGISTRATION FORM - NON-CREDIT COURSE

**Southeast community college**

Complete this form with payment information and send via FAX or mail to: **SCC Continuing Education Center, 301 S. 68th St. Place, Lincoln, NE 68510 or fax to 402-437-2703.**

**PLEASE PRINT**

### 2012 QUARTER

|                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> SUMMER | <input checked="" type="checkbox"/> WINTER |
| <input type="checkbox"/> FALL   | <input type="checkbox"/> SPRING            |

Include credit card information or Letter of Authorization for third-party billing. The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under the Family Educational Rights and Privacy Act (FERPA). The College will be privileged to disclose that information only with the consent of the student or in those very limited circumstances when consent is not required by FERPA.

### REGISTRATION FORM FOR INDIVIDUALS

|                           |   |   |   |       |  |  |   |
|---------------------------|---|---|---|-------|--|--|---|
| Social Security Number    |   | Name: Last  |   | First | Middle Initial   | Email Address  |   |
| Residence Mailing Address |   |   | City  | State | Zip  | County #   | <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone |
| Birth Date                | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Ethnicity (select one):<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | Race (select one or more):<br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native |       | <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American | <input type="checkbox"/> Resident of Nebraska<br><input type="checkbox"/> Non-Resident of Nebraska | Home Phone  |

| COURSE NUMBER   | SECTION | TITLE                                    | START DATE | LOCATION | TIME   | COST |
|-----------------|---------|--|------------|----------|--------|------|
| L L L X 0 8 0 2 | C E W A | Extreme Retirement Planning - Individual | Jan. 17    | CEC      | 6 p.m. | \$49 |

#### SIGNATURE

Check  Cash  Mastercard  AMEX  Discover  VISA V Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Credit card # \_\_\_\_\_

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

For the protection of your personal credit card information, do not e-mail this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.

|                            |           |
|----------------------------|-----------|
| SCC Staff Tuition Waiver   | ( )       |
| <b>TOTAL DUE</b>           |           |
| <b>FOR OFFICE USE ONLY</b> |           |
| DE _____                   | ID# _____ |

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### REGISTRATION FORM FOR COUPLES

|                           |   |   |   |       |  |  |   |
|---------------------------|---|---|---|-------|--|--|---|
| Social Security Number    |   | Name: Last  |   | First | Middle Initial   | Email Address  |   |
| Residence Mailing Address |   |   | City  | State | Zip  | County #   | <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone |
| Birth Date                | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Ethnicity (select one):<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | Race (select one or more):<br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native |       | <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American | <input type="checkbox"/> Resident of Nebraska<br><input type="checkbox"/> Non-Resident of Nebraska | Home Phone  |

|                           |   |   |   |       |  |  |   |
|---------------------------|---|---|---|-------|--|--|---|
| Social Security Number    |   | Name: Last  |   | First | Middle Initial   | Email Address  |   |
| Residence Mailing Address |   |   | City  | State | Zip  | County #   | <input type="checkbox"/> Cell <input type="checkbox"/> Business Phone |
| Birth Date                | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Ethnicity (select one):<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | Race (select one or more):<br><input type="checkbox"/> White<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> American Indian or Alaska Native |       | <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American | <input type="checkbox"/> Resident of Nebraska<br><input type="checkbox"/> Non-Resident of Nebraska | Home Phone  |

| COURSE NUMBER   | SECTION | TITLE                                | START DATE | LOCATION | TIME   | COST        |
|-----------------|---------|--------------------------------------|------------|----------|--------|-------------|
| L L L X 0 8 0 2 | C E W B | Extreme Retirement Planning - Couple | Jan. 17    | CEC      | 6 p.m. | \$89/couple |

#### SIGNATURE

Check  Cash  Mastercard  AMEX  Discover  VISA V Code \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Credit card # \_\_\_\_\_

Billing agency (INCLUDE LETTER OF AUTHORIZATION ON COMPANY LETTERHEAD)

For the protection of your personal credit card information, do not e-mail this form to SCC. If faxing, only use the fax number listed or verify with SCC before using another SCC fax number.

Submission of this form indicates that I understand: 1) that my registration is complete and that I am accountable for the tuition and fees and subject to a grade in the courses listed; 2) that should I officially drop, cancel, or withdraw, any refund in tuition will be determined by the date I submit my request to Continuing Education; 3) that failure to attend a course does not constitute an official drop/withdrawal; 4) the personal information contained herein is correct as shown; and 5) any changes in SSN, legal name, address, residency, etc. must follow the College procedures in the Student Handbook and College Catalog. It is the policy of SCC to provide equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all persons without regard to race, color, religion, sex, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. Inquiries concerning the application of SCC's policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access/Equity/Diversity, SCC Area Office, 301 S. 68th Street Place, Lincoln, NE 68510, 402-323-3412, FAX 402-323-3420, or jsoto@southeast.edu.

|                            |           |
|----------------------------|-----------|
| SCC Staff Tuition Waiver   | ( )       |
| <b>TOTAL DUE</b>           |           |
| <b>FOR OFFICE USE ONLY</b> |           |
| DE _____                   | ID# _____ |

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# WebAdvisor On-Line Registration

**You must have an e-mail account to register online.**

## **To Register by Logging In:**

You must know your **UserID** and **Password** to proceed.

If you do not know your UserID or Password:

- Click on the "I'm new to Webadvisor" at the bottom of the page.
- Follow the 4 quick steps to get your UserID and Password

1. Click the "**Log In**" Tab at the top of the page.
2. Enter your **UserID** (This will be your first initial of your first and last names and your student ID number, e.g. John Doe would be JD123456)
3. Enter your **Password**
4. Click on the gold "**Continuing Education**" bar

**IMPORTANT!!!!** *If you have moved or changed your contact information, please click on "Address Change" under User Account to update your information. This is the only method that will provide current contact information if classes are cancelled! If your contact information is not current, we cannot notify you if the class is cancelled.*

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5. Click on "**Register and Pay for Continuing Education Classes**"
6. **Search for your class** by entering either a key word in the title or the course number, "Submit" (Enter information in only 1 field for a broader search.)
7. **Select the course** you wish to register for, then click "**Submit**".
8. Enter your **Additional Registration Information** and "**Submit**" or just "Submit"
9. To "Pay for Classes" choose "**Register now**" as your option and select your **Payment Type**, "Submit".
10. Enter your **payment information**, "**Submit**"

## **Benefits of Logging in to WebAdvisor to register:**

- You can add/drop classes.
- You can update your contact information.
- You can see your class schedule.
- No need to provide your SSN each time.

## **To Register Without Logging In:**

- \* You must provide your Social Security Number
1. Click on "**Continuing Education**" bar
  2. Click on "**Register and Pay for Continuing Education Classes**"
  3. **Search for your class** by entering either a key word in the title or the course number, "**Submit**" (Enter information in only 1 field for a broader search.)
  4. **Select the course** you wish to register for, "**Submit**".
  5. Enter your **personal information**, certify your identification, "**Submit**"
  6. Enter your **Additional Registration Information** and "**Submit**" or just "Submit"
  7. To "Pay for Classes" choose "**Register now**" as your option and select your **Payment Type**, "Submit".
  8. Enter your **payment information**, "**Submit**"

**IMPORTANT!!!** *If you register without logging in, you must contact our office at 402-437-2700 to update your contact information or we will not be able to notify you if a class is cancelled.*

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## **Log in to WebAdvisor:**

<https://webadvisor.southeast.edu/WebAdvisor/WebAdvisor?TOKENIDX=3694120878.asp&type=M&constituency=WBCE&pid=CORE-WBCE>

\*The College requires a student's Social Security number as a condition for enrollment. A student's Social Security number information constitutes an "educational record" under FERPA.