Teachers Workshop Registration Form

**Teacher Information**

Last Name ______________________________ First Name ______________________________ M.I. ______________________________ Preferred ______________________________

Grade Levels: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12  
No. of Years Teaching: ______________________________

Teacher Phone ______________________________ Teacher E-mail ______________________________

**School Information**

School/District Name ______________________________  
Type: ☐ Public ☐ Private ☐ Homeschool

School Mailing Address ______________________________  
City ______________________________ State ______________________________ Zip ______________________________

**Payment Information**

Cost: $150.00
Pay Type: ☐ Check/Money Order  
☐ District Payment/PO

Check/PO #: ______________________________

Please send form with payment or PO - payable to “University Mississippi” with memo “Writing Competition”.

**Mail to**

Outreach and Continuing Education  
Office of Pre-College Programs  
The University of Mississippi  
P.O. Box 1848  
University, MS 38677

**OFFICE USE ONLY**

Received Date: ______________ Amt Rec’d: ______________

Ck/MO/PO#: ______________ Amt. Due: ______________

Refund: ______________ Refund Sent: ______________