# Teachers Workshop Registration Form

## Teacher Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Preferred</th>
</tr>
</thead>
</table>

**Grade Levels:**

- [ ] 7  
- [ ] 8  
- [ ] 9  
- [ ] 10  
- [ ] 11  
- [ ] 12  

**No. of Years Teaching:** ________________________________

**Teacher Phone**

**Teacher E-mail**

## School Information

**Type:**

- [ ] Public  
- [ ] Private  
- [ ] Homeschool

**School/District Name**

**School Mailing Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

## 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:** ______________