



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

_____ Type: Public Private Homeschool
School/District Name

School Mailing Address City State Zip

<p><u>Payment Information</u></p> <p>Cost: \$150.00</p> <p>Pay Type: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> District Payment/PO</p> <p>Check/PO #: _____</p> <p>Please send form with payment or PO - payable to "University Mississippi" with memo "Writing Competition".</p>	
<p><u>OFFICE USE ONLY</u></p> <p>Received Date: _____ Amt Rec'd: _____</p> <p>Ck/MO/PO#: _____ Amt. Due: _____</p> <p>Refund: _____ Refund Sent: _____</p>	

Mail to

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