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

Payment Information

Cost: $35.00

Pay Type:  ☐ Check/Money Order
            ☐ District Payment/PO

Check/PO #: ____________________________

Mail to

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

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

OFFICE USE ONLY

Received Date: _______________ Amt Rec’d: _______________

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

Refund: _______________ Refund Sent: _______________