



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

<u>Payment Information</u>	
Cost:	\$35.00
Pay Type:	<input type="checkbox"/> Check/Money Order <input type="checkbox"/> District Payment/PO
Check/PO #:	_____
Please send form with payment or PO - payable to "University Mississippi" with memo "Writing Competition".	
<u>OFFICE USE ONLY</u>	
Received Date:	_____ Amt Rec'd: _____
Ck/MO/PO#:	_____ Amt. Due: _____
Refund:	_____ Refund Sent: _____

Mail to

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