

Registration Form

Name _____

E-mail Address (required*) _____

Home Address _____

City•State•Zip _____

Home phone _____ School Phone _____

School District _____

Grade•Position _____ No. of Years Teaching _____

What is your most pressing 'writing need' as a teacher? _____

Workshop Name: _____

Please send this registration form with your check made payable to UM Writing Project by the appropriate due date to:**

University of Mississippi Writing Project
P.O. 9, University, MS 38677

Payment Method:

Check/Money Order _____

District Payment/PO (#) _____

Enrollment is on a first-come, first-serve basis.

FOR OFFICE USE ONLY:

Date Received _____

Amt Received _____

Amount Due _____

Ck/MO/PO# _____

Refund Request _____

Refund Sent _____