

# MISSISSIPPI WRITERS GUILD 2009 CONFERENCE

## GROUP PARTICIPANT-STUDENT REGISTRATION FORM

*The GROUP LEADER is the MWG's primary contact person for your GROUP.*

*Please use separate GROUP PARTICIPANT-STUDENT FORM for each individual in your group.*

Mail registration form and check to:

Mississippi Writers Guild 2009 Conference

PO Box 3845

Meridian, MS 39303

**DO NOT WRITE IN THIS SPACE**

CONFERENCE#					
MEMBER#					
GROUP#					

Group Name & Number of participants \_\_\_\_\_ No. \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Workshop Choices:** Please circle one letter in each of four Class Periods. First row is your first choice. Second row is second choice. See website or brochure for Workshop description.

Period 1	Period 2	Period 3	Period 4
A - B - C - D	A - B - C - D	A - B - C - D	A - B - C - D
A - B - C - D	A - B - C - D	A - B - C - D	A - B - C - D

### CONFERENCE GROUP-CLASS PRICING FORMAT

Please circle your appropriate category.

(Minimum number per GROUP-CLASS, 8, including GROUP LEADER-INSTRUCTOR. )

	E.B.	REG.
GROUP	\$96.00	\$112.00
CLASS	\$80.00	\$94.00

**DATE PAID** \_\_\_\_\_ **& AMOUNT PAID BY ???** \_\_\_\_\_

Cash \_\_\_\_\_ Event \_\_\_\_\_

If paid by cash please include amount and event or location where you registered.

Check \_\_\_\_\_ Check# \_\_\_\_\_

If paid by check please include amount and check number.

PayPal \_\_\_\_\_ Trans# \_\_\_\_\_

If paid by PayPal please include amount and transaction number.