

JOURNALFEST 2010 REGISTRATION FORM FOR OCTOBER 27-31

Name _____ male / female
 Address _____
 City _____ ST _____ Zip _____
 Country _____
 phone _____
 Email address _____

Please use this area for any special requests you have:

Price includes 3 days of workshops & 4 nights lodging:

- \$490—off campus (choose your own lodging in town)
- \$590—private dorm room
- \$570—shared dorm room
- \$620—shared bed in officers housing (shared queen bed)
- \$750—private room in officer's housing.

First choice for accommodations:

- _____ off campus
- _____ private dorm room
- _____ shared dorm - name of roommate _____
- _____ shared bed in house-name of roommate _____
- _____ private room in officers house

Second choice for accommodations:

- _____ off campus
- _____ private dorm room
- _____ shared dorm - name of roommate _____
- _____ shared bed in house-name of roommate _____
- _____ private room in officers house

Check all the meal options you would like to include:

- _____ 4 breakfasts (thu, fri, sat, sun) - \$50
- _____ 3 lunches (thu, fri, sat) - \$40
- _____ 4 dinners (wed, thu, fri, sat) - \$70

Check one:

- _____ I have enclosed my full registration amount of \$ _____
- _____ I have enclosed a deposit of \$300 and will pay my balance by 7-13-10

Registration Details:

Feel free to mail in your form at any time.

JOURNALFEST
Box 3329
Renton, WA 98056

(Make checks out to: Alternative Arts Productions)

Cancellation Policy:

No refunds after July 1st, 2010. **There are no exceptions.** All requests for refunds made before July 1st, will incur a \$50 processing fee. All refund requests must be in writing and mailed to our office before July 1st. You may transfer your registration to another person but you must notify us with the new name & email.

In the case of Acts of God, war, disaster or unforeseen circumstances, Alternative Arts Productions reserves the right to reschedule Journalfest.

Release Form:

I have read all the above policy information and I agree to assume all risk of personal harm or injury relating to or resulting from my participating in all workshops and activities associated with Journalfest, and to hold Alternative Arts Productions and it's teachers, harmless as to liability for any such harm or injury.

Signed _____ date _____

Thursday Workshop:

First choice title: _____ Teachers last name: _____
 Second choice title: _____ Teachers last name: _____
 Third choice title: _____ Teachers last name: _____

Friday Workshop:

First choice title: _____ Teachers last name: _____
 Second choice title: _____ Teachers last name: _____
 Third choice title: _____ Teachers last name: _____

Saturday workshop:

First choice title: _____ Teachers last name: _____
 Second choice title: _____ Teachers last name: _____
 Third choice title: _____ Teachers last name: _____

PLEASE DO NOT WRITE IN THE SPACE BELOW

Total due	1st payment	2nd payment	Meals	House/dorm #	Room #	Confirmation
			B L D		SH PRI	