

Journalfest 2011 Registration Form for October 26-30

Name _____ male / female

Address _____

City _____ ST _____ Zip _____

Country _____

phone _____

Email address _____

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.

accommodations choice:

- _____ 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 here if you need vegetarian meals

Check one:

- _____ I have enclosed my full registration amount of \$ _____
- _____ I have enclosed a deposit of \$300 and will pay my balance by 7-15-11

Please use this area for any special requests you have:

Registration Details:

Registration starts March 5th and continues until Oct. 1st. Please mail this form to the following address along with check (Canadians must send a check in US funds). Please make checks payable to: Alternative Arts Productions.

Any other questions: artgirl777@aol.com

JOURNALFEST
Box 3329
Renton, WA 98056

Cancellation Policy:

No refunds after July 1st, 2011 **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: _____

Friday Workshop:

First choice title: _____ Teachers last name: _____

Second choice title: _____ Teachers last name: _____

Saturday workshop:

First choice title: _____ Teachers last name: _____

Second 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	