

# Journalfest 2009 Registration Form October 21-25

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:**

- \$480—off campus (choose your own lodging in town)
- \$580—private dorm room
- \$560—shared dorm room
- \$620—shared officers housing (shared queen bed)

**First choice for accommodations:**

- \_\_\_\_\_ off campus
- \_\_\_\_\_ private dorm room
- \_\_\_\_\_ shared dorm - name of roommate \_\_\_\_\_
- \_\_\_\_\_ shared bed in house-name of roommate \_\_\_\_\_

**Second choice for accommodations:**

- \_\_\_\_\_ off campus
- \_\_\_\_\_ private dorm room
- \_\_\_\_\_ shared dorm - name of roommate \_\_\_\_\_
- \_\_\_\_\_ shared bed in house-name of roommate \_\_\_\_\_

**Check all the meal options you would like to include:**

- \_\_\_\_\_ 4 breakfasts (thu, fri, sat, sun) - \$44
- \_\_\_\_\_ 3 lunches (thu, fri, sat) - \$38
- \_\_\_\_\_ 4 dinners (wed, thu, fri, sat) - \$68

**Check one:**

- \_\_\_\_\_ I have enclosed my full registration amount of \$ \_\_\_\_\_
- \_\_\_\_\_ I have enclosed a deposit of \$300 and will pay my balance by 7-15-09

**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, 2009. **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	