

The Writers' Suite

REGISTRATION FORM

General Information

Name: _____

Address: _____

Address: _____

Telephone: _____ Cell _____ Other _____

Email: _____

Email: _____

(Supply alternate address)

Emergency Contact _____

Telephone: _____ Cell _____ Other _____

Writing History / Choose the option/s that applies/apply to you.

- Have done some fiction writing and previously participated in a workshop.
- Have done some fiction writing, but haven't been to a workshop.
- Haven't written anything in ages, but have some knowledge of fiction writing.
- Have no knowledge of fiction writing, but wish to learn.

FOR ADMINISTRATIVE USE ONLY – DO NOT COMPLETE

Payment Method	_____		_____
Term 1	_____	Cash	_____
Term 2	_____	Cheque	_____
Term 3	_____	C/Card	_____
Applicable Discount	_____	Total:	_____

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SIGNATURE: _____ DATE: _____