

WESLEYAN WRITERS CONFERENCE REGISTRATION

NAME: DR., MR., MRS., MS.

ADDRESS

CITY STATE ZIP

DAY TELEPHONE EVENING TELEPHONE

E-MAIL ADDRESS

- I AM REGISTERING FOR A MANUSCRIPT CONSULTATION. I WILL SUBMIT (UNDERLINE ONE):
NOVEL • SHORT STORIES • POETRY • NONFICTION

I WOULD LIKE MY WORK READ BY 1) _____
(FACULTY MEMBER'S NAME)

OR 2) _____
(FACULTY MEMBER'S NAME)

MY MANUSCRIPT ~ IS ENCLOSED ~ WILL BE SENT LATER

- I AM APPLYING FOR A SCHOLARSHIP___~ A FELLOWSHIP___
 IN ___ FICTION ___POETRY ___NONFICTION ___DAVIDOFF JOURNALISM
 Scholarship/fellowship application ___ is enclosed ___will be sent later

- I WISH TO ATTEND AS A ___BOARDING STUDENT ___DAY STUDENT

--MY NONREFUNDABLE DEPOSIT OF \$75 IS ENCLOSED. (THE BALANCE IS DUE BY **May 28**, 2004)
MAKE CHECKS PAYABLE TO WESLEYAN UNIVERSITY.
Contact us at (860) 685-3604 or agreene@wesleyan.edu to make a Visa or Master Card payment.

-- I AM NOT SENDING A DEPOSIT BECAUSE I AM APPLYING FOR A SCHOLARSHIP OR FELLOWSHIP.

MAIL TO: **WESLEYAN WRITERS CONFERENCE**, WESLEYAN UNIVERSITY, MIDDLETOWN, CT 06459
