



Writing Academy

Your Name _____

Grade Level/Position _____

District _____

District Address _____

School _____

School's Address _____

City _____ State _____ Zip _____

School's Phone # _____

School's Fax # _____

Your Email _____

Personal Contact Phone # _____

Please CIRCLE ONE: **Kemah Conference** **Hotel Conference**

If Hotel Conference: City & State Conference is being held in: _____

Date(s) _____ Grade Level you want to register for: _____

If Kemah Conference: Date(s) _____

Grade Level _____, or Four Day Institute _____, or Alumni Session _____

Payment Method

Make checks payable to The Writing Academy.

Check # _____ PO # _____

Visa MasterCard Discover AMEX

Credit Card _____

Signature _____ Exp. _____

You may register w/out a PO # and then send it to us when the number is available!