

ALIN YEARBOOK 2016

Jostens Summer Workshop at Abraham Lincoln High School Thursday July 21

What you will do:

Attend large general session and small break-out sessions that pertain specifically to your needs.

Sessions include theme, coverage, journalism, design and photography.

Learn your creation program, whether it's Adobe

InDesign or Web-based YearTech Online.

Create a theme for your book.

Design sample layouts that incorporate your theme.

Complete a page ladder.

Create a marketing plan.

Network with other area high schools to learn and get more ideas on how to create your best yearbook ever!

Arrive Thursday, July 21st between 8:30 am and 9:00 am at Abraham Lincoln High School in Council Bluffs.

We will end no later than 3:00pm.

Don't forget to bring:

Yearbook Supplies:

Most current yearbook

2016 completed ladder

2017 ladder and color guide from yearbook kit

Preliminary plans for this year's cover, endsheets, theme, and design

Magazines for design ideas

Pencils, pens, markers

Registration Info:

Jostens preferred customer: \$25

Includes all instructional materials, computer training, lunch, cover design session and T-shirt.

Non-Jostens customer: \$30

Includes all instructional materials, computer training, lunch, cover design session and T-shirt.

Questions? Contact

Colleen Arneson 712.249.4555

17 years as a rep

Fill out and return a registration form and medical/liability release form on reverse of this brochure for ALL participants along with payment by Friday, June 10th to guarantee your spot.

The Jostens logo is written in a dark blue, cursive script font. The word "Jostens" is followed by a registered trademark symbol (®). The logo is positioned at the bottom center of the page.



Jostens Summer Workshop

at Abraham Lincoln High School

Thursday July 21st

This form must be completed by June 10 for every student and adult participant (photocopies are acceptable) Please print neatly or type. . .

Last Name		First Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address					
City		Zip	Home Phone		
Emergency Contact Name			Emergency Contact Phone		Parent Cell Phone
Contact email address					Student Cell Phone
# of participants included in this payment <input type="checkbox"/> Jostens Preferred Customer \$25.00 per participant <input type="checkbox"/> Non-Jostens Customer \$30.00 per participant			Total dollar amount included No refunds after June 12. \$ <input type="text"/> Checks payable to Colleen Arneson. Mail Registration by June 10 to: Colleen Arneson Jostens P.O. Box 388 Atlantic, IA 50022		
School					
School Address					
City		Zip	School Phone		
Adviser Name			Adviser Phone		
Home Address					
City		Zip			
Our yearbook will be created on					
<input type="checkbox"/> InDesign			<input type="checkbox"/> YearTech Online Website		
T-Shirt Size					
<input type="checkbox"/> S		<input type="checkbox"/> M		<input type="checkbox"/> L <input type="checkbox"/> XL	
Office Use					
TD		D		B S	

In consideration of the educational opportunity provided, the named student or adult, I/we the parent(s), legal guardian(s) or spouse of the above named person or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., and the named Jostens Sales Representative(s), Abraham Lincoln High School at which the workshop described herein will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to personal property or personal injury, which may result from causes beyond the control of, and/or without the fault or negligence of Jostens, Inc., the named Sales Representatives, Abraham Lincoln High School and their officers, agents and employees, during the workshop.

I/we also give permission to use photos/images of registered participants for workshop promotion and/or marketing purposes.
 I/we also give permission that medical attention be administered to the named or myself in case of emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit.

In case of emergency treatment is required, my/our health insurance plan number and carrier are: _____
 I understand that the emergency contact will be notified as soon as such communication can be made.

Insurance Carrier _____ Policy Number _____ Signature(s) _____ Date _____

Confirmations will be emailed to each registrant approximately a week before the workshop.

