

Registration Form Jostens Summer Workshop 2016

All information must be complete for your registration to be processed. Send your \$50 non-refundable deposit or payment in full with this form. A registration confirmation card will be sent to you once your form and deposit have been received.

Register by June 1 and get the lower price.

Final registration date is July 6, 2016.

Please pay in full by July 6, 2016.

Purchase orders must be received by June 1, 2016.

Emergency Contact Information

Please clearly fill out all information so we may contact you in case of emergency.

Emergency Contact Name: _____

Home Phone: _____

Cell Phone: _____

In case of emergency and if treatment is required, my/our health insurance plan number and carrier are:

Insurance Carrier _____

Policy Number _____

In consideration of the education opportunity provided to the above 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, Chicagoland Yearbooks, all Jostens representatives, North Central College 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 expense 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, Chicagoland Yearbooks, all Jostens representatives, and employees during the workshop.

I/we also give permission that medical attention be administered to the above 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.

I understand that the emergency contact will be notified as soon as such communications can be made:

Parent/Guardian Sign Here: _____

Date: _____

First Name																Last Name															
Address																															
City																															
State			Zip						Phone											<input type="checkbox"/> I need ADA accessibility											
Email																															
Adviser																															
School																															
Select One →	Adviser <input type="checkbox"/>					Student <input type="checkbox"/>					<input type="checkbox"/> I am on a special diet (vegan, kosher, allergies, etc.)																				
										Indicate diet: _____																					
Select One →	Male <input type="checkbox"/>					Female <input type="checkbox"/>					Roommate Preference: _____																				
<input type="checkbox"/> I do <input type="checkbox"/> do not <input type="checkbox"/> give permission to use photos of me taken at this summer's workshop to be used in next summer's promotional materials (brochure and website).																															

REGISTRATION STATUS (check all that apply)

- ☐ I am mailing this on or before June 1, 2016
- ☐ On campus student (2 nights) \$265.00
- ☐ Commuter \$210.00
- ☐ I am mailing this after June 1, 2016
- ☐ On campus student (2 nights) \$315.00
- ☐ Commuter \$260.00

EXPERIENCE LEVEL (check all that apply)

- ☐ I am brand new to yearbook
 - ☐ We use InDesign to create our book*
 - ☐ We use YearTech Online® to create our book
- *If you are not using Monarch we suggest you bring a jump drive so you can save the spreads you create.

Payment Information

All checks, money orders, or purchase orders are to be made payable to 'Chicagoland Yearbooks.' Please put your student's name and school in the memo portion of your check. School purchase orders can be accepted until June 1, 2016. Please list the registrant names on your PO. No refunds for cancellations are available after July 6, 2016, although you may send another student in lieu of the canceling student. Full payment is required by July 6, 2016.

Mail your registration form and payment to:

Regina Murray/Chicagoland Yearbooks
P.O. Box 6141
Glendale Heights, IL 60139

Questions? Contact Regina
(630) 248-0297
regina.murray@jostens.com

For Office Use Only

Rec'd _____

Due _____

Check/P.O. # _____

Paid _____

Balance Due _____

Check/P.O.# 2 _____

Amt. Paid _____

Balance Due _____