

# 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 **email** will be sent to you once deposit has been received.

Register by May 1st and get the lower price.

Final registration date is June 17, 2016. Please pay in full by June 17, 2016.

Purchase orders must be received by June 1st, 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 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, Jostens 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"/> I am on a special diet (vegan, kosher, allergies, etc.) <input type="checkbox"/>	
Indicate need: _____	
Roommate Preference: _____	
Select One → Male <input type="checkbox"/> Female <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).	

<b>REGISTRATION STATUS</b> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> I am mailing this on or before May 1st, 2015</li> <li><input type="checkbox"/> campus student (1 night) \$235.00</li> <li><input type="checkbox"/> Commuter \$210.00</li> <li><input type="checkbox"/> I am mailing this after May 1st, 2015</li> <li><input type="checkbox"/> On campus student (1 night) \$285.00</li> <li><input type="checkbox"/> Commuter \$260.00</li> </ul>	<b>EXPERIENCE LEVEL</b> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> I am brand new to yearbook</li> <li><input type="checkbox"/> I worked on the yearbook last year</li> <li><input type="checkbox"/> We use YearTech Online® to create our book</li> </ul>
Tee Shirt Size: S M L XL XXL	

**Payment Information**

All checks, money orders, or purchase orders are to be made payable to **Christiana Hackett**. Please put your student's name and school in the memo portion of your check. School purchase orders can be accepted until June 1st, 2016. Please list the registrant names on your PO. No refunds for cancellations are available after June 20th, 2016, although you may send another student in lieu of the cancelling student. Please pay in full by June 17th, 2016.

Mail your registration form and payment to:

**Christiana Hackett / Jostens**  
 6N476 Neva Terrace  
 Itasca, IL 60143

Questions? Contact Christiana  
 (630) 630-707-2595  
[christiana.hackett@jostens.com](mailto:christiana.hackett@jostens.com)

**For Office Use Only**

Rec'd \_\_\_\_\_

Due \_\_\_\_\_

Check/P.O. # \_\_\_\_\_

Paid \_\_\_\_\_

Balance Due \_\_\_\_\_

Check/P.O. # 2 \_\_\_\_\_

Amt. Paid \_\_\_\_\_

Balance Due \_\_\_\_\_