

North Carolina Summer Yearbook Workshop
 July 25 - 27, 2016 @ Sunspree Resort, Wrightsville Beach



www.ncyearbooks.com



(919)818.9279
 kristin.stimmell@jostens.com

Kristin Stimmell
 Customer Service Specialist
 816 Woodview Ridge Trail
 Lewisville, NC 27023

Workshop Director



Our Guest Instructor



JOHN CUTSINGER | Jostens Creative Account Manager

John is a Dow Jones Newspaper Fund National Journalism Teacher of the Year, Columbia Scholastic Press Association Gold Key recipient, National Scholastic Press Association Pioneer, Southern Interscholastic Press Association Distinguished Adviser and Journalism Education Association Medal of Merit and Friend of Scholastic Journalism award winner. He recently earned his Certificate of Journalism Educators from JEA. His contributions to scholastic journalism over the past 35 years have included advising state and national award winning yearbooks, newspapers and magazines; authoring yearbook curriculum and countless journal articles; teaching/speaking at conferences and conventions across the nation; and sharing ideas with thousands of advisers and staffs. Jostens recognized John as one of its prestigious Legend Award winners.



Tentative Schedule

MONDAY

10:00am-12:00pm Registration
 12:30-2:30pm **Opening Session** | All In Character | Concept
 2:30-3:30pm Theme Planning
 3:30-3:45pm Break
 3:45-4:45pm **All Your Life | Coverage**
 5:00-6:00pm **All Hours | Photography with Cade Cleavelin**
 6:00-7:30pm Dinner
 7:30-8:15pm **All Things Considered | Module Building**
 8:15-9:30pm Design Planning
 10:00pm Campers in Rooms
 11:00pm Room Check

TUESDAY

7:15-8:15am Breakfast
 8:30-9:30am **All In Order | Graphic Design**
 9:30-10:45am Yearbook Planning
 10:45-11:00am Break
 11:00am-12:00pm **All Write | Captions and Headlines**
 12:00-1:15pm Lunch
 1:15-5:00pm Staff Planning Time (Location TBD)
 1:15-4:00pm **New Adviser Training**
 5:00-6:30pm Dinner With Your Staff
 7:30-9:00pm Yearbook Staffs Work Together
 8:00-9:00 Adviser Coffee and Dessert
 10:00pm Campers in Rooms
 11:00pm Room Check

WEDNESDAY

7:15-8:15am Breakfast
 8:30-9:30am **All Or Nothing | Business Matters**
 9:30-10:30am Marketing Planning
 11:00am Awards Assembly | Winning Ideas
 12:00pm Departure
 *NAVY indicates main sessions led by Cutsinger and your NC Reps
 New Adviser Training Tuesday afternoon for 1st and 2nd year advisers



North Carolina Summer Yearbook Workshop

Monday-Wednesday, July 25 - 27, 2016 | Wrightsville Beach Sunspree Resort

Mail all completed registrations with payment to **Jostens NC Workshop**
to Kristin Stimmell @ 816 Woodview Ridge Trail Lewisville, NC 27023 (919) 818.9279

School Info

School _____
Address _____
City _____ State ____ Zip _____
Phone _____
School Colors & Mascot: _____
Rep _____ Job # _____

Adviser Info

Name _____
Home Address _____
City _____ State ____ Zip _____
Phone _____
E-mail _____
(Make sure we have a summer email address)
Circle: Male or Female / T-Shirt Size: _____

Student Info

Name _____
Circle: Male or Female / T-Shirt Size: _____
Home Address _____
City _____ State ____ Zip _____
Phone _____
Parent Name: _____
Parent Email: _____
Parent Phone: _____

Hotel Reservations/Cancellations

Reservations will be handled by the Workshop Director, Kristin Stimmell. No refunds after June 6, 2016. However, school may replace a yearbook staff member as long as the replacement is the same gender as the previously paid registrant.

COMPLETE ALL SCHOOL & ADVISER INFORMATION

Then photocopy for all participants. All information must be complete to be processed.

PRINT LEGIBLY PLEASE.

Registration and payment must be postmarked by June 6, 2016 to honor your reservation.

Confirmation will be sent to you within one week of receipt of payment and registration.

The medical release form below must be completed for every adult and student participant.

www.ncyearbooks.com

Workshop Payment

(Price per person)

Quad:4 per room (not available for advisers unless from same school) \$365 _____

Triple:3 per room (not available for advisers unless from same school) \$400 _____

Double:2 per room (limited number of rooms available) \$500 _____

Single (very limited number of rooms available) \$950 _____

Commuter \$285 _____

Photography Track (per registrant) \$50 _____

Advisers \$25 discount on all rates except commuter -\$25 _____

Late Fee (after June 6, 2015, no exceptions) \$50 _____

(Food vouchers for outside guests \$100 per person and may be purchased through Kristin) \$100 _____

Total \$ _____

Make check or money order payable to: Jostens NC Workshop Full payment or purchase order must accompany registration forms. **No unpaid reservations will be honored.** Registration will be processed on a first come-first served basis. Registration includes hotel room, workshop instruction, materials and meals as noted on schedule. Mail completed registrations with payment to Workshop Director: Kristin Stimmell @ 816 Woodview Ridge Trail Lewisville, NC 27023

Medical Release Information

In consideration of the educational opportunity provided, 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, Inc., Jostens Representatives, Creative Accounts Manager and Jostens NC Workshop 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 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 communication can be made.

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

insurance carrier _____

policy number _____

parent or guardian adult's signature _____

date _____

emergency contact

name _____

phone # _____

alternate contact _____

phone # _____