

Stretch Your Wings!

2008 CONFERENCE REGISTRATION

Checks payable to: **NE-SCBWI 2008 Conference**

Mail to: **2008 NE-SCBWI CONFERENCE**
 c/o Shirley Pearson
 P.O. Box 636
 Medway, MA 02053

FULL NAME _____

FIRST NAME (As participant would like it to appear on name tag.) _____

STREET ADDRESS _____

CITY _____

STATE _____ **ZIP CODE** _____

EMAIL _____

TITLE - Only if associated with conference planning or presentation:

- Conference Committee Presenter
 Other _____

WORKSHOP PREFERENCES

Write in the number of the workshop you prefer.
 These workshop choices are not binding but help us assign meeting space.

- Friday A: 1 _____ Sunday A: 30 - 35 _____
 Saturday A: 2 - 8 _____ Sunday B: 36 - 41 _____
 Saturday B: 9 - 15 _____
 Saturday C: 16 - 22 _____
 Saturday D: 23 - 29 _____

Circle SCBWI or NON-MEMBER:	SCBWI MEMBERS	NON-MEMBERS Visit web site to join: WWW.SCBWI.ORG	\$ TOTAL
SATURDAY REGISTRATION FEE	\$119.00	\$145.00	
SUNDAY REGISTRATION FEE	\$ 89.00	\$115.00	
BOTH SATURDAY & SUNDAY FEE	\$195.00	\$250.00	
ILLUSTRATION POSTER CONTEST FEE	\$ 25.00	\$ 25.00	
Please make checks payable to: NE-SCBWI 2008 Conference			\$ GRAND TOTAL
SATURDAY LUNCH CHOICE (Circle one)			
Turkey (Dairy-free)		Baked Ham	Vegetarian
SUNDAY LUNCH CHOICE (Circle one)			
Tuna Salad		Roast Beef	Vegetarian

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2008 CRITIQUE REGISTRATION FORM

Stretch Your Wings!

Must submit the following:

- MANUSCRIPT** or **ART SAMPLE**
- CRITIQUE REGISTRATION FORM**
- CHECK** Payable to: **SCBWI NORTHERN NEW ENGLAND**

Registration Postmark Deadline: **March 7, 2008**
 Mail to: **2008 NE-SCBWI CONFERENCE CRITIQUES**
 c/o Valarie Giogas
 1 Buckman Drive
 Burlington, MA 01803

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE _____ **EMAIL** _____

HANDICAP ACCESS? **YES** _____ **NO** _____

TYPE OF WORK YOU WILL BE SENDING:

- | | |
|---|--|
| <input type="checkbox"/> Illustration samples | <input type="checkbox"/> Picture book dummy (do NOT send original) |
| <input type="checkbox"/> Picture book | <input type="checkbox"/> Middle grade novel |
| <input type="checkbox"/> Chapter book | <input type="checkbox"/> Poetry (5 poem max) |
| <input type="checkbox"/> YA novel | <input type="checkbox"/> NF Novel |
| <input type="checkbox"/> NF picture book | |

Circle SCBWI or NON-MEMBER:	SCBWI MEMBERS	NON-MEMBERS Visit web site to join: WWW.SCBWI.ORG	\$ TOTAL
CRITIQUE FEE	\$45.00	\$55.00	

Please note: This must be a **separate check** from your conference tuition payment, since it will need to be mailed to a different location. Critique check is payable to:
SCBWI NORTHERN NEW ENGLAND