

CAPE COD WRITERS' CENTER - 46th Conference - August 17 - 22, 2008

Name _____	Phone _____
Street or P. O. Box _____	Email _____
City, State, Zip Code _____	Are you a current CCWC Member? Yes No

(Membership is not required to register, but NON-members PAY \$35 REGISTRATION FEE. Sign up or renew today!)

Weeklong Courses – Monday through Friday for 1 ½ hours per day. Cost is **\$165.00 per course**.
Course Name: _____ \$ _____
Course Name: _____ \$ _____
Course Name: _____ \$ _____
Course Name: _____ \$ _____

Short Courses – 3-hour, one-day seminars. Cost is **\$75 per course**.
Monday – Demystifying the Literary Small Press \$ _____
Monday - Column Writing \$ _____
Tuesday - Savvy Book Publicity \$ _____
Thursday – Books To Film \$ _____
Thursday - Writers Reading Their Works In Public \$ _____
Friday - Page to Stage \$ _____

Master Class - Wednesday, August 20, 2:30-8:30PM Cost is **\$125.00** \$ _____

Mentoring and Manuscript Evaluations are available for Conference Registrants Only:

Mentoring – Cost is **\$150.00** for three 30-minute sessions over the week
Faculty for Mentoring #1 _____ Faculty for Mentoring #2 _____ \$ _____

Manuscript Evaluation – Cost is **\$125.00** for one 30-minute evaluation
Faculty for Evaluation #1 _____ Faculty for Evaluation #2 _____ \$ _____

Registration Fee is **\$35.00 for Weeklong Registrants. WAIVED for CCWC Members** \$ _____

Cape Cod Writers Center **Annual Membership Fee** is **\$35.00** _____ New or _____ Renewal \$ _____

Commuter Fee – Required by Craigville Conference Center for registrants who are not staying overnight at the conference center to defray parking and maintenance costs. **\$10.00** \$ _____

TOTAL DUE: \$ _____

A minimum down payment of 50% of the total due is required.
AMOUNT ENCLOSED: \$ _____

PLEASE NOTE: \$100.00 of the down payment is NON-REFUNDABLE.
NO REFUNDS will be issued for changes or cancellations after August 1, 2008.
Classes may be added until August 18th if space is available.

Balance due must be paid by August 1, 2008. **BALANCE DUE:** \$ _____

Paid by Check# _____	or	MasterCard/Visa # _____
		Name on Card _____ Exp Date _____
I authorize CCWC to charge the AMOUNT ENCLOSED to my credit card. (signed) _____		
(For credit card payments please complete the information above and MAIL or FAX your registration form to 508-420-0212.)		