

WRITERS' WORKSHOP MAIL-IN PRE-REGISTRATION FORM

(Please Print Clearly)

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE _____ E-MAIL _____

LIST WORKSHOP SESSIONS PREFERRED:

A) _____ B) _____

Send this form and a check for \$25
payable to SINCLAIR COMMUNITY COLLEGE to:

**TIM WAGGONER, DIRECTOR
WRITERS' WORKSHOP
SINCLAIR COMMUNITY COLLEGE
444 WEST THIRD STREET
DAYTON, OHIO 45402-1460**