

REGISTRATION FORM
CHARLESTON LATIN WORKSHOP

July 14 and 15, 2008

To register, print, complete and return this form by July 7, 2008 to Dr. J. Frank Morris, Department of Classics, College of Charleston, 66 George Street, Charleston, SC 29424. (FAX 843-953-6342)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

SCHOOL _____

SCHOOL ADDRESS _____

CITY, STATE, ZIP _____

At what grade level(s) and subjects do you teach?

Name, address and phone number/email of a person who should be notified if there is an emergency?

The registration fee is \$225.00. Please make your check payable to **COLLEGE OF CHARLESTON FOUNDATION.** Fees and deposits are refundable if the refund is requested by July 1. On-line registration is not available. Credit card payments are not accepted.

Check the following as appropriate:

_____ My school or school district is sending a check for the registration fee.

_____ My personal check for the registration fee is enclosed.

_____ Enclosed is a check for a deposit of \$25.00. I will pay the balance of the registration fee when I arrive at the workshop.