

SURNAME FIRST NAME INITIAL

ORGANIZATION (IF APPLICABLE)

TITLE (IF APPLICABLE)

ADDRESS

CITY PROVINCE/STATE POSTAL/ZIP CODE

DAY PHONE EVENING PHONE

FAX EMAIL ADDRESS

Enter workshop name and SUMM number above

NOTE

Cancellation of your registration at least three weeks before the workshop start date will result in a full refund. Cancellation between one and three weeks before a workshop begins will result in a refund, less a \$100 CDN administrative fee. No refunds are possible for registrations cancelled less than one week before the workshop begins, but we are pleased to accept substitute participants. We regret, however, that we are unable to transfer registration fees to another workshop.

Full payment of registration fees or a purchase order number from your organization or company is required to reserve your seat in any of the workshops listed on the reverse of this form.

RETURN THIS FORM WITH THE APPROPRIATE FEE(S) TO:

Simon Fraser University
Harbour Centre
Suite 3573
SFU Summer Publishing Workshops
515 West Hastings Street
Vancouver, BC V6B 5K3

T 778-782-5241 F 778-782-5239

TOTAL \$_____ CDN IS ENCLOSED BY

Cheque/money order (made payable to Simon Fraser University)

Purchase order number

VISA MasterCard

NAME ON CREDIT CARD

CREDIT CARD NUMBER

EXPIRY DATE

SIGNATURE OF CARD BEARER

I affirm that all information supplied is complete and accurate, and that accompanying application materials represent my own work.

APPLICANT'S SIGNATURE

WE RESPECT YOUR PRIVACY. We do not share or make available our application, registration, or mailing lists to other organizations without your permission.