

REGISTER TODAY!
SEATING IS LIMITED.
REPLY BY SEPTEMBER 12

debate workshops/2001

Please type or print.

Please reserve space for _____ students and _____ coach(es) at the (circle date) Sept. 18 19 26 27 Debate Workshop located in (city): _____

School: _____

Coach: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: school () _____ home () _____

Email: _____

_____ students and coach(es) x \$5.00/person*

= \$_____ (total enclosed)

Please make checks payable to Mackinac Center for Public Policy.

*Cost per person includes catered lunch.

Special dietary needs: _____

Please bill my Visa MasterCard Discover/NOVUS

Card Number: Name on Card (please print):

Signature: _____

Expiration Date: _____

Please return this form with payment to:



140 West Main Street • P. O. Box 568 • Midland, Michigan 48640
(989) 631-0900 • Fax (989) 631-0964
www.mackinac.org • mcpp@mackinac.org

Please attach a typed list of attendees or type/print them below.

A map will be sent with your registration confirmation.

For office use only: _____ R _____ P _____ N

Student Names:

Lined area for writing student names, partially obscured by a large yellow 'W' graphic at the bottom.