

THIS SECTION FOR OFFICE USE ONLY

Date Received _____ Check # _____ \$ _____ Registrant # _____
Odom _____ Preston _____ Note: _____ Initial _____

FICTION WRITERS RETREAT

June 17, 2017

Tom Steed Center @ Rose State University, Midwest City, Oklahoma

NAME (type or print) _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

REGISTRATION (includes Lunch) \$ **89.00**

Processing fee (only if paying by credit card) \$ **5.00**

Total amount enclosed \$ _____



Mentoring appointments are limited to the first 25 who register.
(We will notify you how to submit pages if you are in that group.)

If you are granted a mentoring appointment, who would you choose as a mentor? Mark your first and second choice.
We will honor your request if at all possible.

Mel Odom _____

Marcia Preston _____

Refunds granted only if requested on or before May 15, 2017. A \$40 processing fee will be charged.
Enclose check payable to: **Fiction Writers Retreat** (To pay by credit card, fill out box below.)

Mail completed form and payment to:

Fiction Writers Retreat, P.O. Box 467, Holdenville, OK 74848

Name of Credit Card: Master Card Visa American Express Security Code: _____

Credit Card Number: _____ Expiration Date: _____

Billing Zip Code: _____ Signature: _____

Please see website for information and retreat updates: www.fictionwritersretreat.com

Questions: Contact us through: fictionwritersretreat@gmail.com

We'll respond as soon as we can.