



# BATTLE OF THE GENRES

27<sup>TH</sup> ANNUAL

WRITERS' ALLIANCE OF NEWFOUNDLAND AND LABRADOR  
AGM AND PROFESSIONAL DEVELOPMENT CONFERENCE

OCTOBER 24-26 2014

## REGISTRATION FORM

Before completing this form, carefully read all the registration information provided, including details on fees, workshops, and cancellations.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### WORKSHOPS

PLEASE MARK AN X NEXT TO EACH EVENT YOU PLAN TO ATTEND.

DATE	AM	LUNCH	PM
SATURDAY, OCTOBER 25	<input type="radio"/> Workshop A; or <input type="radio"/> Workshop B  <input type="radio"/> Workshop C; or <input type="radio"/> Workshop D	<input type="radio"/> Lunch (additional \$20)  <b>Please indicate if you require:</b> <input type="radio"/> Vegan <input type="radio"/> Gluten-free	<input type="radio"/> Workshop E; or <input type="radio"/> Workshop F
SUNDAY, OCTOBER 26			<input type="radio"/> Annual General Meeting

### REGISTRATION FEES

<b>WANL MEMBERS</b>  <input type="radio"/> \$60 Early Bird Price <input type="radio"/> \$75 Regular	<b>SATURDAY LUNCH</b>  <input type="radio"/> \$20
<b>NON MEMBERS</b>  <input type="radio"/> \$105 Regular	<b>TRAVEL SUBSIDY REQUEST*</b>  <input type="radio"/> \$60 Rebate (FOR MEMBERS OUTSIDE THE AVALON) <b>*MUST ATTEND WORKSHOPS &amp; AGM</b>

**PAYMENT METHOD:**  Cheque\*/Money Order (ENCLOSED)  VISA  Master Card

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

\*PLEASE MAKE CHEQUES PAYABLE TO WRITERS' ALLIANCE OF NEWFOUNDLAND & LABRADOR

SEND COMPLETED FORM AND PAYMENT TO:  
Writers' Alliance of Newfoundland & Labrador  
223 Duckworth Street, Suite 208  
Haymarket Square  
St. John's, NL A1C 6N1

DATE RECEIVED  
(OFFICE USE ONLY):