



**The Dakota Writing Project Holocaust Institute
REGISTRATION FORM
Vermillion, South Dakota — July 26-31, 2009**

Name _____ School _____

My Role(s): Teacher Administrator Other: _____

If you are a teacher:

Grade level(s) you teach: _____

Subject areas you teach: _____

Street Address or P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Email _____

Registration Fees (Check One):

- Early General Registration \$150
(Postmarked on or before July 16, 2009)
- Late General Registration \$200
(Postmarked after July 16, 2009)
- Early Dakota Writing Project Teacher-Consultant Registration \$50
(Postmarked on or before July 16, 2009)
- Late Dakota Writing Project Teacher-Consultant Registration \$75
(Postmarked after July 16, 2009)

Option:

- On-campus housing, including linens \$125

Grand Total: \$ _____

Payment: Please make checks or money orders payable to: *Dakota Writing Project*

- I am interested in graduate credit. Please send more information. (Course approval pending)
- Check here if you have special access needs for the institute; describe those needs below:

Mail Registration Form and Fees To:
Dakota Writing Project
Department of English, Dakota Hall 212
University of South Dakota
414 East Clark Street
Vermillion, SD 57069-2390

For Additional Conference Information:
E-mail: dwp@usd.edu
Call: (605) 677-5229
Visit: <http://orgs.usd.edu/dwp>