

NEW JERSEY SCBWI MENTORING WORKSHOP

Date of Session: October 25, 2009

Name: _____

Street Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

MANUSCRIPT INFORMATION (check all that apply):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> picture book | <input type="checkbox"/> historical fiction |
| <input type="checkbox"/> chapter book | <input type="checkbox"/> fantasy |
| <input type="checkbox"/> middle grade | <input type="checkbox"/> rhyming |
| <input type="checkbox"/> young adult | <input type="checkbox"/> non-fiction |

PRICE (check one):

- SCBWI Member: \$195
 Non-Member: \$235

PAYMENT INFORMATION

(must be received within one week of reserving a place to hold the spot):

Make check payable to NJ SCBWI.

Mail to:

NJ SCBWI
PO Box 660
Ringoes NJ 08551