

# 400RS TRULY YEARBOOK

July 19-20

@ Webster University

## Jostens Show-Me Workshop

Registration deadline July 9

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

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Please Select One Track:

\_\_\_\_\_ A) General Yearbook \_\_\_\_\_ B) Photography \_\_\_\_\_ C) New Adviser Track (includes computer training)

Workshop T-Shirt Size: \_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ XL \_\_\_\_\_ XXL

1. Student/Adviser Commuter- \$160: includes Thursday lunch, registration & materials, t-shirt

Purchase Order # \_\_\_\_\_ expiration date \_\_\_\_\_

select	amount
total	

Register online: [jostensyearbookcamp.com](http://jostensyearbookcamp.com) or

Make checks payable to: Show Me Workshop | Payment due by July 16, 2018

Send to: Jim Dumont, 509 Huntington Drive, Glen Carbon, IL 62034

[jim.dumont@jostens.com](mailto:jim.dumont@jostens.com) • 1-618-978-0275

### Release Form

In consideration of the educational opportunity provided the above named student or adult, we the parent(s), legal guardian(s) or spouse of the above named person or myself, do hereby hold harmless, release and forever discharge Jostens, Inc., the named Jostens Sales Representative(s), the college at which the workshop described will be held, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to personal property or personal injury, which may result from causes beyond the control of, and/or without the fault or negligence of Jostens, Inc., the named Sales Representative(s), the college at which the workshop will be held at and their officers, agents and employees, during the workshop.

We also give permission that medical attention be administered to the above named or myself in case of emergency. I/we understand that any medical assistance of a more serious nature will be brought to our/my attention as conditions permit.

Insurance Carrier

Policy Number

Business/Daytime Phone

Signature of Parent or Guardian

Date