

Jostens Show-Me Workshop

June 8-9 @ Webster University



Registration deadline May 25

Name: _____

Home Address: _____

City, State, Zip: _____

Cell Phone: () _____ Email: _____

School: _____ Graduation year: _____

Please Select One Track:

A) Layout PRO B) Monarch C) Photography D) New Adviser Track (includes Layout PRO training)

Workshop T-Shirt Size: small medium large XL XXL

- 1. **Student/Adviser Commuter-** \$160: includes M & T lunch, registration & materials, t-shirt
- 2. **Student/Adviser On Campus-** \$225 includes above plus campus lodging (excluding linens)
- 3. **Arriving the night before?-** Additional \$50 per person

select	amount
total	

Purchase Order # _____ expiration date _____

Register online: jostensyearbookcamp.com or

Make checks payable to: Show Me Workshop | Payment due by May 25, 2020

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

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