

KNOXVILLE FALL WORKSHOP REGISTRATION FORM

FRIDAY, OCT. 4, 2024 * UNIVERSITY OF TENNESSEE

PLEASE PRINT CLEARLY; PHOTOCOPY THIS FORM IF ADDITIONAL SPACE IS NEEDED.

SCHOOL NAME _____ ADVISER _____
 CONTACT EMAIL _____ PHONE _____
 SCHOOL ADDRESS _____

STUDENT NAMES

INCLUDE ADDRESS & ZIP IF STUDENT WOULD LIKE INFO ABOUT LIPSCOMB UNIVERSITY

YEAR (CIRCLE)

MEDIUM (CHECK ALL THAT APPLY)

N=Newspaper/News magazine Y=Yearbook O=Online
 L=Literary Magazine B=Broadcast/Video

BOXED-LUNCH PREFERENCE

[Check the preferred box; for gluten-free, circle the option as well.]

1. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
2. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
3. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
4. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
5. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
6. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
7. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
8. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
9. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
10. _____	7 8 9 10 11 12	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None

ADVISER NAME(S)

MEDIUM (CHECK ALL THAT APPLY)

BOXED-LUNCH PREFERENCE*

[Check the preferred box; for gluten-free, circle the option as well.]

1. _____	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None
2. _____	<input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> O <input type="checkbox"/> L <input type="checkbox"/> B	<input type="checkbox"/> Ham <input type="checkbox"/> Turkey <input type="checkbox"/> Veggie <input type="checkbox"/> None

REGISTRATION FEES (SO THAT WE CAN HAVE AN ACCURATE COUNT FOR MEALS AND SEATING, PLEASE POSTMARK BY SEPT. 24.)

For THSPA member schools*
 Total attendees _____ x \$19/each = _____

For non-member schools*
 Total attendees _____ x \$24/each = _____

If you are joining THSPA while paying for workshop registration, please transfer the above total to the "Attendance at Fall Workshop" line on the THSPA Membership Application. The earlybird deadline is postmarked by Aug. 31.

* To have your staff join THSPA and qualify for the discounted registration fee, fill out a membership form, available at www.Lipscomb.edu/THSPA, and mail it with this form. For the sake of convenience, you may pay for membership and workshop attendance with one check. Or, you may pay for your workshop attendance later. THSPA membership is \$25 per medium if you join by Aug.30; the fee is \$45 per medium if you join after Aug. 31. (Join by Aug. 31 and bring at least five students to the workshop, and you recoup your membership fee!)

Postmark this registration form, the THSPA Membership Application and check (made payable to Lipscomb University) to:
 Dr. Jimmy McCollum, THSPA
 Lipscomb University
 One University Park Drive
 Nashville, TN 37204-3951