## CHATTANOOGA FALL WORKSHOP REGISTRATION FORM FRIDAY, OCT. 24, 2025 \* UNIVERSITY OF TENNESSEE AT CHATTANOOGA

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

SCHOOL NAME	CHOOL NAMEADVISER						
CONTACT EMAILPHONE							
SCHOOL ADDRESS							
STUDENT NAMES INCLUDE ADDRESS & ZIP IF STUDENT WO	YEAR (CIRCLE) MEDIUM (CHECK ALL THAT APPLY) LIKE INFO ABOUT LIPSCOMB UNIVERSITY						
1	•	□ Newspaper	□ Yearbook	□ Online	□ Literary Magazine	□ Broadcast/Video	
2	7 8 9 10 11 12	□ Newspaper	□ Yearbook	□ Online	☐ Literary Magazine	□ Broadcast/Video	
3		□ Newspaper	□ Yearbook	□ Online	☐ Literary Magazine	□ Broadcast/Video	
4	7 8 9 10 11 12	□ Newspaper	□ Yearbook	□ Online	□ Literary Magazine	□ Broadcast/Video	
5		□ Newspaper	□ Yearbook	□ Online	□ Literary Magazine	☐ Broadcast/Video	
6		□ Newspaper	□ Yearbook	□ Online	☐ Literary Magazine	☐ Broadcast/Video	
7	7 8 9 10 11 12	□ Newspaper	□ Yearbook	□ Online	☐ Literary Magazine	☐ Broadcast/Video	
8	7 8 9 10 11 12	□ Newspaper	□ Yearbook	□ Online	☐ Literary Magazine	□ Broadcast/Video	
9	7 8 9 10 11 12	□ Newspaper	□ Yearbook	□ Online	☐ Literary Magazine	□ Broadcast/Video	
10	7 8 9 10 11 12	□ Newspaper	□ Yearbook	□ Online	□ Literary Magazine	☐ Broadcast/Video	
ADVISER NAME(S)		MEDIUM (CHECK	ALL THAT APPLY	7)			
1.		,		□ Online	☐ Literary Magazine ☐ Literary Magazine	□ Broadcast/Video □ Broadcast/Video	
REGISTRATION FE	EES (SO THAT WE CAN H.	AVE AN ACCURA	TE COUNT FOR	R MEALS AN	D SEATING, PLEASE PC	OSTMARK BY OCT. 3.)	
For THSPA member schools*  Total attendees x \$19/each = Total attendees x \$24/each =						4/each =	
The costs ir	nclude a voucher for	an all-you-car	e-to-eat lun	ch at Cros	sroads Dining Hall		
If you are joining THSPA, please transfer the above total to the "Attendance at Fall Workshop" line on the THSPA Membership Application.							
* To have your staff join THSPA form. For the sake of convenier the fee is \$45 per medium if yo		ip and workshop atte	endance with one o	heck. THSPA m	embership is \$25 per mediu	m if you join by Aug. 31;	
Postmark this registi	ration form, the THSPA Dr. Jimmy McColl Lipscomb Univers One University Pa	um, THSPA sity	Application (	and check	(made payable to L	ipscomb Univ.) to:	

Nashville, TN 37204-3951