



**6th Annual Writers' Conference
Saturday, September 14, 2019
CCAC Allegheny Campus**

Registration Form

info@theauthorszone.com

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____

Email Address: _____

Phone: _____

_____ **\$129 (includes continental breakfast, lunch and materials)**

_____ **\$ 35 Talk to the Editor (optional)**

_____ **\$ Total**

PAYMENT METHOD Cash, Check or Credit Cards are acceptable. Check appropriate box:

Check Cash Credit card (add \$5 processing fee for payment by credit card)

Credit card information (please check type) Visa _____ Mastercard _____
Card # _____ Expiration Date _____

CRV code _____ Amount \$ _____

I agree to the terms outlined in the registration form and if using a credit card agree to the amount listed above being charged to my credit card.

PARTICIPANT'S SIGNATURE:

_____ Date: _____

Make checks payable to: **The Authors' Zone**

Mail to: **The Authors' Zone** ~ PO Box 9687 ~ Pittsburgh PA. 15226