

Mail in this portion to: HD CWC Workshops, 20258 HWY 18 STE 430 PMB 281
APPLE VALLEY, CA 92307

Check Payable to: HD CWC (The California Writers Club is a non-profit 501c3)

Name: _____

CWC branch (if applicable) _____

Address: _____ City, State,

Zip: _____

Phone #: _____ Email _____

PLEASE PRINT LEGIBLY

Amount Enclosed: _____

_____ \$35/\$55

_____ Full Time Student to age 25 Registration any time \$25/\$45

My Registration is for: Saturday _____ Sunday _____ Saturday and Sunday _____

I understand that Saturday classes will begin promptly at 9:00 a.m. and go to 3 p.m.

I understand that Sunday classes will begin promptly at 11:00 a.m. and go to 5 p.m.

There will be an "On Your Own" lunch hour on Saturday at noon

and on Sunday at 1:00 p.m.

SATURDAY PROGRAM

Evaluate Your Book for Success

A Step-by-Step Workshop for Conceiving a Successful Book Before You Give Birth to It

SUNDAY PROGRAM

How to Write a Short Book Fast!

4 Ways to Compile & Publish a Manuscript in Record Time

Refund Policy:

I understand that no refunds will be made except in case of cancellation of the workshops.

Signature

Date