An Inklings Week in Oxford July 21-26, 2019

REGISTRATION FORM

This form may be duplicated for additional registrations. Please print in ink or type. Return with check for registration fee to:

Dr. Harry L. Poe Inklings Fellowship 1050 Union University Drive Jackson, TN 38305 USA

Checks should be made payable to Inklings Fellowship.

Last name	First name	Middle initial
Data of himth (month/day/yaam)	[] Mala [] Famala	
Date of birth (month/day/year)	[_] Male [_] Female	
Email address email address to communicate with me abou	[_] By checking this box I agree to allout this program.	ow Inklings Fellowship to use this
Company or organization Occupat	tional title	
Mailing address (no. and street, or b	ox no.) Please check one: [_] Home addr	ess [_] Work address
City State ZIP code Country		
Phone no.		
Registration Fees:		
Before March 1, 2019	After March 1,	2019
□ \$600 for Adults	□ \$750) for Adults
□ \$500 for students	\square \$600 for students	
☐ £150 UK residents	☐ £250 UK residents	
□ f100 UK students	□ f15	50 UK students

Registration covers the weeklong program. Travel, meals, and accommodations are at the expense of conferees.