



Writer to Writer Conference
Embassy Suites Hotel & Convention Center
Murfreesboro, TN
September 18—20, 2015

REGISTRATION FORM

Registration Information

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Badge Information

Name: _____
 (Please print clearly)
 Check all that apply: ☐ MTL Author ☐ SuzyQ Author ☐ Writer to Writer Alumni

Full conference registration includes:

Author Boot Camp—Friday afternoon

General session & PUB Board, a Shark tank like experience—Friday evening

General sessions, morning and afternoon training, lunch and final session with Q & A panel—Saturday

Devotion/Praise & Worship session and Editor Boot Camp—Sunday morning

(Does NOT include hotel—see information below)

		By 7/1/15	By 8/1/15	By 9/1/15	After 9/1/15	A la Carte
Full Conference Registration	<input type="checkbox"/>	\$299	\$349	\$399	\$479	---
Friday afternoon and evening sessions	<input type="checkbox"/>	Included	Included	Included	Included	\$199
Saturday morning & afternoon, plus lunch	<input type="checkbox"/>	Included	Included	Included	Included	\$249
Sunday morning sessions	<input type="checkbox"/>	Included	Included	Included	Included	\$199
EXTRA Saturday Lunch Ticket	<input type="checkbox"/>	\$25	\$25	\$25	\$25	\$25
Saturday Evening Special Event:						
<i>From Bookshelf to Big Screen</i>						
Pizza Party, Speaker and Movie Premiere	<input type="checkbox"/>	\$50	\$50	\$50	\$50	\$50

TOTAL registration fees \$_____ (please attach separate credit card authorization form)

Signature_____ Date_____

A \$50 cancellation fee will be charged if cancelled after 9/11/15.

HOTEL RESERVATION INFO:

Embassy Suites Hotel and Convention Center, Murfreesboro, TN

Go to www.writertowriter.com and choose the 2015 Fall Event for reservation instructions.

Rate: \$128 per night (includes a complimentary breakfast each morning)

Deadline: September 3, 2015 (Reserve by this date to ensure you get the negotiated rate)

Please contact the Munce Group at 800-868-4388 if you have any problems with making your reservations.

Credit Card Payment Form

Order Code: CPE

Date _____

Purchaser/Registrant Name _____

Store # (if applicable) _____

Contact Phone # _____

Contact Email _____

CREDIT CARD INFO

Amount to be charged \$ _____

Name on Card: _____

CC #: _____

Exp. Date ____/____ CSV Code _____ CC Type: _____

Signature: _____

Billing Address:

Company (if applicable) _____

Address _____

City _____ ST _____ ZIP _____

Notes: _____

