



**2010 TheatreSquared Professional Development Institute  
Registration Form**  
July 19-23, 2010

**Participation Information:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**School Information**

Position/Grade Level Taught \_\_\_\_\_ School \_\_\_\_\_

District \_\_\_\_\_ Number of Students you teach yearly \_\_\_\_\_

City, State Zip \_\_\_\_\_ School Phone \_\_\_\_\_

Complete and return this form along with your \$50 registration fee. Checks can be made payable to TheatreSquared.  
Please call Morgan at 479-575-8590 to arrange a credit card payment or a payment plan.

PO BOX 4188  
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Education Dept: 479-575-8590

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