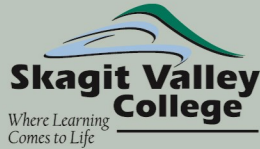


# 2015 Young Authors Conference



**Northwest Educational Service District 189**  
*Together We Can*



**Grades 2-6: Mon-Thurs, March 23-26, 2015**  
**Grades 6-8: Friday, March 27, 2015**

**Fee:** \$25 per student

**Time:** 9 a.m. - 2 p.m.

**Location:** Skagit Valley College, Mount Vernon, WA

**Reservation Deadline: January 15, 2015**

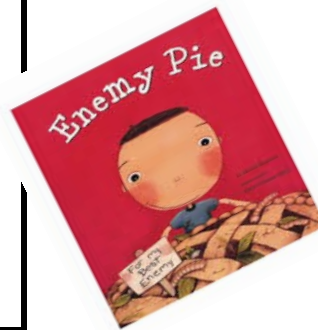
Students' names must be submitted by February 12, 2015 on a separate form we supply for you.

**Questions?** Contact Anita Garcia at 360-299-4044 or [agarcia@nwesd.org](mailto:agarcia@nwesd.org)

**Conference Guidelines:** Students must come to the conference with a completed, bound manuscript. The conference is an acknowledgement for hard work rather than just encouragement for aspiring authors. Everyone attending will need to bring a sack lunch.

This year's featured authors are **Derek Munson** (M-Th) and **Randall Platt** (F).

Derek Munson is the bestselling author of *Enemy Pie* and *Bad Dad*. Randall Platt's award-winning books include *Incommunicado* and *Hellie Jondoe*. We will be focusing on an anti-bullying theme throughout the week.



Please choose ONE day to attend below:

- Mon. 3/23 (Gr. 2-6)  
  Wed. 3/25 (Gr. 2-6)  
  Fri. 3/27 (Gr. 6-8)
- Tues. 3/24 (Gr. 2-6)  
  Thurs. 3/26 (Gr. 2-6)

## Young Authors Conference Reservation

We would like to make a reservation for \_\_\_\_\_ students.  
\*\*We are aware that the list of student names must be submitted by February 12, 2015 (after which NO refunds will be made and ONLY substitutions permitted.)

School \_\_\_\_\_

District \_\_\_\_\_ Grade(s) \_\_\_\_\_ Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**PAYMENT/P.O. IN ADVANCE (\$25 per student) IS REQUIRED TO MAKE A RESERVATION. CHOOSE PAYMENT METHOD BELOW:**

- Check # \_\_\_\_\_ enclosed for full amount of \$ \_\_\_\_\_ (make checks payable to NWESD)
- Purchase Order Number \_\_\_\_\_ from \_\_\_\_\_ (School/District) (attach copy of PO)
- Credit Card Charge in the amount of \_\_\_\_\_ to:  VISA or  MasterCard

Name as it appears on card \_\_\_\_\_ Address of cardholder \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Complete this registration form and send with either a check, copy of purchase order, or credit card information to Anita Garcia by mail or fax: NWESD - 1601 R Avenue - Anacortes, WA 98221 - FAX: 360.299.4070 RESERVATION DEADLINE: JAN. 15 (or until filled)**