



## RESERVATION FORM

Programs, Staff, and Facilities subject to change.

Please reserve a place for me at the 2010 Chicago Workshop.

Enclosed is my check made out to:

**READERS THEATRE WORKSHOP** (If paying by credit card, please contact Arlene at (858) 277-4274.)

Check one:

\_\_\_ Plan 1: **\$1,975.00 Basic Workshop Fee**

\_\_\_ Plan 2: **\$625.00 Reservation Fee** (remainder to be paid according to schedule stated under PAYMENT SCHEDULE)

Mail to:

**INSTITUTE FOR READERS THEATRE  
P.O. Box 421262  
San Diego, CA 92142-1262**

Submission of this reservation form verifies acceptance of Workshop conditions specified in this announcement.

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_