



Shakespeare & Company
Registration Form

**PROFESSIONAL
DEVELOPMENT
WORKSHOPS**

*On Teaching Shakespeare:
A Midsummer Night's Dream
For the classroom – For the stage
August 21 – 26, 2017*

Name _____ Date of Birth _____

Email Address (please be extra clear!) _____

Mailing Address (including zip code) _____

Best Phone Number(s) _____

School Name _____ Subject _____ Grade Level _____

School Address _____

Emergency Contact: Name/Relationship _____

Emergency Phone Number(s) _____

How did you hear about this workshop? _____

Tuition & Fees

Tuition - \$625 (includes classes and a ticket to a Shakespeare play at Shakespeare & Company)

Materials Fee - \$25 \$ 650.00

Optional Housing (On-site private room)

Arrive August 21 - Depart August 26 (5 nights) = \$125 please fill in amount \$ _____

Spouse, partner or adult guest in same room with participant @ \$25 per night please fill in amount \$ _____

TOTAL (Tuition and Housing) \$ _____

**Please complete this form and return it with payment for the total amount to:
Education Program Administrator, Shakespeare & Company, 70 Kemble St., Lenox, MA 01240
or education@shakespeare.org**

*To pay online with a credit card, use the "Make A Payment" button on our website -
shakespeare.org/education/professional-development-workshops*

Refund Policy: Total refund of tuition paid is available if the participant notifies Shakespeare & Company in writing more than thirty days prior to the start of the program. Participant receives 50% reimbursement if notification of withdrawal from program is received prior to two weeks of the start of the program. No refunds given within fourteen days of start of program.

I agree to indemnify and hold harmless Shakespeare & Company, its executive officers, Board of Trustees, agents, employees, faculty and associates from any and all loss, damage suits, claims, costs, medical or other expenses, demands, judgments or liabilities of whatsoever kind or nature arising out of or in any way connected with *On Teaching Shakespeare: A Midsummer Night's Dream*, particularly regarding any physical injury incurred during either course, or as a result of the above named programs and any medical expenses arising there from. I grant permission to be included in any audio/video tape and/or photographs made of my participation in this program and further grant Shakespeare & Company permission to use such video/audio tape and/or photos for any education research or promotion of its programs.

Signature _____ Date _____