



**CENTER**  
for DIGITAL  
**STORY**  
TELLING

# 2009 DIGITAL STORYTELLING WORKSHOP REGISTRATION FORM

*Return registration form to:*  
Center for Digital Storytelling  
1803 Martin Luther King Jr. Way, Berkeley, CA 94709 USA  
Email to: [workshop@storycenter.org](mailto:workshop@storycenter.org), Fax to: 510-548-1345

<b>PARTICIPANT INFORMATION</b>			
Participant's Name			
Mailing Address Line 1			
Mailing Address Line 2			
City	State/Province	Zip/Postal Code	Country
Email			
Work Phone	Cell Phone	Home Phone	
Organization			
Position			

## REGISTRATION INFORMATION

**Registration:**  
In order to confirm a place in the workshop, we require payment in full in the form of a check or credit card. If paying by check, make checks payable to "Center for Digital Storytelling," and mail to 1803 Martin Luther King Jr. Way, Berkeley, CA 94709. If paying by credit card, we currently accept PayPal and all major credit cards. You may register by phone, fax or on-line by visiting: [www.storycenter.org/registration](http://www.storycenter.org/registration).

**Cancellation Policy:**  
If you need to cancel your enrollment and do so at least 4 weeks prior to the class we will refund you in full. If you cancel with less than 1 week before the class begins there is no refund. We will issue credit to attend a future workshop in an emergency.

**Questions about Workshop Registration?**

Email: [workshop@storycenter.org](mailto:workshop@storycenter.org)  
Website: [www.storycenter.org](http://www.storycenter.org)  
Phone: 510-548-2065

<b>WORKSHOP INFORMATION</b>	<input type="checkbox"/> Basic 3-day	<input type="checkbox"/> Educator 3-day	<input type="checkbox"/> Facilitator Intensive	<input type="checkbox"/> Other: _____
Workshop Location: _____				
Workshop Dates: _____				

<b>METHOD OF PAYMENT</b>	<input type="checkbox"/> Basic 3-day \$495	<input type="checkbox"/> Educator 3-day \$495	<input type="checkbox"/> Facilitator Intensive \$900	<input type="checkbox"/> Other: _____ \$ _____
<input type="checkbox"/> Check Enclosed	_____			
<input type="checkbox"/> Check Being Sent	_____			
<input type="checkbox"/> Credit Card On-line <a href="http://www.storycenter.org/registration">www.storycenter.org/registration</a>	Credit Card Number	Expiration Date	CCV (3 # on back of card)	
<input type="checkbox"/> Credit Card on this Form	Card Billing Address	State/Province	Zip/Postal Code	Country

Please tell us how you learned about our Digital Storytelling Workshops:

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Please tell us about your specific goals/interests in Digital Storytelling:

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