APPLICATION FOR PARTICIPATION
YOUR TOWN, MISSISSIPPI WORKSHOP
MAY 24-26, 2011 | LOUISVILLE, MISSISSIPPI

Name: ___________________________ Telephone: ___________ Fax: ___________
E-mail: ___________________________ Professional Title/Occupation: ______________________
Mailing Address: ________________________________________________________________________________
______________________________________________________________________________________________
Business Name/Agency: __________________________________________________________________________

I am from ______________________________________________________________________________________  (name of community)

Has your community completed the First Impressions program? □ Yes  □ No

WORKSHOP CRITERIA
(1) The workshop is limited to 48 participants (preferably 16 community teams of 3 individuals).
(2) Priority is given to communities that have completed the First Impressions program.
(3) Participants are expected to actively and fully participate in all sessions for the duration of the workshop.
(4) To help facilitate community action upon your return, it is recommended, but not required, that communities send a team of individuals to attend the workshop.

WORKSHOP FEE & ACCOMMODATIONS
□ I request double occupancy at a rate of $150 per person, which includes registration fees, materials, lodging for 2 nights, and meals.
Do you have a roommate preference? □ Yes  □ No  If so, whom? _______________________________________

□ I request single occupancy at a rate of $225 per person, which includes registration fees, materials, lodging for 2 nights, and meals. (Apply as early as possible, as there are only a limited number of single occupancy rooms available on a first come, first served basis.)

REGISTRATION & PAYMENT
♣ Applications will be accepted through May 6, 2011, or until the workshop reaches full capacity.

♣ Individuals selected will be notified and invoiced upon receipt and acceptance of this application. Payment will be due upon receipt.

♣ If selected and attending as a team, should team members be billed □ individually or □ together for this community?
  • If billed together, which team member should receive the invoice?

♣ IMPORTANT: All team members must complete a separate application.
PLEASE ANSWER THE FOLLOWING QUESTIONS:

Briefly describe your present or past community involvement as it relates to community planning and decision making.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Briefly describe your educational or professional experience in community development, community planning/design, etc. (This is not a criterion for acceptance.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you a member of a:

☐ Board of Aldermen/City Council    ☐ Planning or Zoning Commission/Board
☐ Water Authority                ☐ Resource Conservation/Development District
☐ Historic Preservation Commission ☐ Other: _______________________________

List any dietary restrictions or other special accommodations required for participation.

______________________________________________________________________________
______________________________________________________________________________

Fax, mail, or e-mail both pages of this application. Thank you for your interest!

FAX:    (662) 325-6709

MAIL:  YourTown Workshop
c/o Stennis Institute
        P.O. Box 6215
        Mississippi State, MS 39762

E-MAIL: Visit www.sig.msstate.edu and click on “Programs” for an application. Send to jeremy@sig.msstate.edu.