

Heartland Writers Conference Writing Competition Entry Form

Please complete. The name on your entry form must match the name on your conference registration form and Cover Page # 1 of your entry. **Deadline: Postmarked April 30, 2011**

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EMAIL ADDRESS _____

ENTRY	TITLE	CATEGORY
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#1	_____	_____
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#2	_____	_____
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#3	_____	_____
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Disclaimer: I have read and understand the official rules of the Writing Competition. I understand that judging is subjective and I agree to abide by the decision of any judges and/or contest officials. I shall hold harmless the Heartland Writers Guild, contest personnel and/or judges for any and all disputes arising from circumstances beyond the control of the contest officials. Unsigned entries will be returned.

Contestant's Signature _____

CRITIQUE SESSIONS

The conference will begin on Friday at 6 pm with a speaker, followed by a double session on blogging/social networking, and also several critique groups. **Attendees interested in participating in the Friday evening critique sessions should include the first two pages (double spaced) of their manuscript (book, article, short story) with their registration form.**

HWG MEMBERSHIP APPLICATION

Annual dues are \$24 for individuals and \$30 for couples sharing one mailing address.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL ADDRESS _____

WRITING INTERESTS _____ WEBSITE _____

If you do **not** wish your telephone number to be published in the Member Directory, please check this box.

HEARTLAND WRITERS CONFERENCE REGISTRATION FORM

For questions or more information call 573-888-3620 or email heartlandwriters@yahoo.com.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL ADDRESS _____

REGISTRATION FEES

Registration Fee \$ _____ X _____ (# attending) \$ _____

Writing Competition \$15 X _____ (# entries) \$ _____

If you wish to join the Heartland Writers Guild, add your dues here. \$ _____

Note: **Membership special!** You may pay the **member rate** for the conference **if your paid guild membership accompanies your registration.**

TOTAL ENCLOSED \$ _____

Please check this box if you are a published author and would like to participate in the Saturday afternoon book signing. Authors are responsible for bringing their own books.

EDITOR GROUP APPOINTMENT SIGN-UP

Name _____

Phone _____ Email _____

Your registration guarantees your participation in **ONE** Editor Group Appointment. Please provide the names of your first, second, and third choices for appointments. **Editors:** Lynda Burch (children's); Trent C. Butler (inspirational/religious); Louella Turner (book length fiction and nonfiction); Regina Williams (short stories, essays); Jamie Johnson (poetry)

1. _____

2. _____

3. _____

Send all required forms with check or money order payable to: **Heartland Writers Guild** 7850 Parkwood Drive
St. Louis, MO 63123