

\*Required Field

# Registration Form/GET PUBLISHED NOW!



\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_  
No P.O. Boxes, please.

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_

\*ZIP Code: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Required for registration confirmation.

<b>CHOOSE AN AREA OF INTEREST:</b> <input type="checkbox"/> FICTION <input type="checkbox"/> NONFICTION <input type="checkbox"/> POETRY			
<b>INDICATE LEVEL:</b> <input type="checkbox"/> NEW WRITER <input type="checkbox"/> MANUSCRIPT IN PROGRESS <input type="checkbox"/> MANUSCRIPT COMPLETED			
<b>SELECT SEMINAR</b> <input type="checkbox"/> FULL DAY PUBLISHING WORKSHOP (10a - 5p)		<input type="checkbox"/> 3-HR EVENING INTENSIVE	
<b>SELECT VENUE</b>	<b>SELECT MONTH and DATE</b>	<b>FULL DAY</b>	<b>EVENING</b> (Call for dates & time)
<input type="checkbox"/> NEW YORK CITY, NY	<input type="checkbox"/> JAN <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 24 <input type="checkbox"/> 31	<input type="checkbox"/> \$89.	<input type="checkbox"/> WRITING \$39.95
<input type="checkbox"/> DALLAS, TX	<input type="checkbox"/> FEB <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28	<input type="checkbox"/> \$89.	<input type="checkbox"/> EDITING \$39.95
<input type="checkbox"/> LOS ANGELES, CA	<input type="checkbox"/> MAR <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28	<input type="checkbox"/> \$89.	<input type="checkbox"/> MANUSCRIPT REVIEW \$39.95
<input type="checkbox"/> JERSEY CITY, NJ	<input type="checkbox"/> APR <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 25	<input type="checkbox"/> \$89.	<input type="checkbox"/> PUBLISHING \$39.95
<input type="checkbox"/> BRIDGEPORT, CT	<input type="checkbox"/> MAY <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 30	<input type="checkbox"/> \$89.	<input type="checkbox"/> PROMOTION & DIGITAL MARKETING \$39.95
<input type="checkbox"/> NEW ROCHELLE, NY	<input type="checkbox"/> JUN <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 20 <input type="checkbox"/> 27	<input type="checkbox"/> \$89.	
	<input type="checkbox"/> JUL <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 25		
	<input type="checkbox"/> AUG <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 15 <input type="checkbox"/> 22 <input type="checkbox"/> 29		
	<input type="checkbox"/> SEPT <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19 <input type="checkbox"/> 26		
	<input type="checkbox"/> OCT <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 17 <input type="checkbox"/> 24 <input type="checkbox"/> 31		
	<input type="checkbox"/> NOV <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28		
	<input type="checkbox"/> DEC <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 19		

Enter desired city \_\_\_\_\_ If you would like a HBF Seminar in your city, please send us an email to [seminar@qbr.com](mailto:seminar@qbr.com). Please include city and state.

Enrollment #: # \_\_\_\_\_ We will email you a Class Admission Form with your course location, date, and time of your class meeting. Please call our office to confirm your enrollment in the event that you do not receive the admission form before the class meeting. We reserve the right to change course locations, schedules, fees and instructors where necessary.  
(Do not fill. For Internal Use Only)

**CREDIT CARD APPLICATIONS CAN BE FAXED TO 914. 231.6981. WE ACCEPT VISA/MC/AMEX**

CHECK ONE:     VISA     MASTERCARD     AMERICAN EXPRESS

Name on Card: \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

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