

**Registration form for
Shakespeare in Performance IV, Shakespeare's Comedies**

Name _____

Address _____

City and State _____ Zip _____

Telephone, Day _____ Evening _____

Email _____

Please note your affiliation (school, college, firm) and occupation (teacher, actor). This information will be used for reporting purposes only.

I enclose my check for \$5, payable to the **University of Maryland** for registration only.

I enclose my check for \$18, payable to the **University of Maryland** for registration and lunch.

Please mail by February 12, 2004 to:

Dr. Adele Seeff, Director
Attention: Shakespeare in Performance IV
Center for Renaissance & Baroque Studies
0139 Taliaferro Hall
University of Maryland
College Park, Maryland 20742

No refunds!

For more information, please contact the
Center for Renaissance & Baroque Studies
Tel: 301-405-6830
FAX: 301-405-0956
crbs@umail.umd.edu



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www.crbs.umd.edu/shakespeare4