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

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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.

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

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- ▶ Are you a member of a:

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|---|---|
| <input type="checkbox"/> Board of Aldermen/City Council   | <input type="checkbox"/> Planning or Zoning Commission/Board        |
| <input type="checkbox"/> Water Authority                  | <input type="checkbox"/> Resource Conservation/Development District |
| <input type="checkbox"/> Historic Preservation Commission | <input type="checkbox"/> Other: _____                               |

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

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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](http://www.sig.msstate.edu)  
and click on "Programs" for an  
application. Send to  
[jeremy@sig.msstate.edu](mailto:jeremy@sig.msstate.edu) .

