



***Raw Voices: Teens in the Media Arts Festival '08***  
**GROUP REGISTRATION FORM:**

*Deadline is Friday, April 18, 2008*

**Group Name:** \_\_\_\_\_

**Organization or School:** \_\_\_\_\_

**Number of youth attendees** (age 17 and under): \_\_\_\_\_ **Number of adult attendees:** \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Name of Attendee: \_\_\_\_\_
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17. Name of Attendee: \_\_\_\_\_
18. Name of Attendee: \_\_\_\_\_
19. Name of Attendee: \_\_\_\_\_
20. Name of Attendee: \_\_\_\_\_

**Send this registration form to:**

Raw Voices Teen Media Festival  
Columbia College Chicago  
ATTN: Paul Teruel  
600 S. Michigan Ave.  
Chicago, IL 60605

**Questions?**

Check the Raw Voices website at  
[www.colum.edu/ccap](http://www.colum.edu/ccap) or contact  
us at 312.344.8873  
or [cpocap@colum.edu](mailto:cpocap@colum.edu)