



2012 Project Coordinator Registration Form

Please fill out this form to participate in Create! Don't Hate in 2012.

D /		
Date		
Project Coordinator Name		
Your Title (if you are a school you must be a tea	acher, advisor or school admir	nistrator, students may not register)
Organization		
Address		
City	State	Zip Code
Phone	Fax	
E-mail		
CHECK ONE:		
College University	Creative Profession	ional(s) Professional Organizat
Other:		
ABOUT YOUR PROGRAM: Please answer the	se questions to the hest of you	ur ahility
	oc queestione to the beet of your	
How do you plan to select your mentors?		
How many mentors do you expect to have?		
now many mentors do you expect to have:		
How do you plan to select your students?		
How many students do you expect to have?		
When would you like to start your program?		
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When do you expect to finish your program?		
Do you foresee any obstacles in implementing	your program?	
Are there any other issues you would like to dis	scuss with us in planning you	ur program?



Founding Partners:









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BY REGISTERING AND SIGNING THIS FORM YOU AGREE TO THE FOLLOWING:

- » I will actively supervise all participants in executing *Create! Don't Hate.*
- » I will post information about my organization on the Design Ignites Change website.
- » I will contribute Create! Don't Hate case studies to the Design Ignites Change website.
- » Allow *Design Ignites Change* to promote my organization and the work members of my organization post on the website.
- » Provide *Design Ignites Change* with additional information upon request to promote projects submitted from my organization.
- » In the event that a member of my organization receives an award, I will help supervise the execution of the project to ensure success.

YOUR SIGNATURE DATE

Fax this form to: 212 807 0024, or e-mail: Ansley Whipple at awhipple@worldstudioinc.com