

Office Use Only:

Rec.# _____

Payment Type: _____

Date: _____

WORKSHOP REGISTRATION FORM

NAME OF WORKSHOP: _____

Name(s): _____

Address: _____

City: _____

Zip Code: _____

Home Phone#: _____

Cell Phone #: _____

Email Address: _____

_____ number of participants x \$ _____ .00 = \$ _____ (total amount enclosed)



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