Registration Form for Workshops

Workshops require no previous experience unless otherwise noted

Name:			
Full Address:			
Email Address:			
Phone number(s):			
Senior (+65)?: yes	or no (please o	circle)	
Student?: yes or	no (please circle		
		If yes, please list school:	
Workshop title(s):			
Mastercard	Visa	(please check one)	
Card No.			Exp. Date
Supporter or Assoc	iate Level:		
Donation Amount:			
Workshop Fees:			
Total Enclosed:			
(Please make vour c	check payable to Ti	HE INK SHOP)	

Please return the completed form to:

The Ink Shop Printmaking Center 330 East State Street, 2nd floor Ithaca, NY 14850

For questions call us at: (607) 277-3884 or email us at: artists@ink-shop.org