

2019 OCAG Workshop Enrollment Form
(Please print clearly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Email: _____

WORKSHOP INSTRUCTOR: _____

WORKSHOP TITLE & DATES: _____

GUILD MEMBER: YES _____ NO _____

WORKSHOP PRICE: _____

PAYMENT: CASH: _____

CHECK: _____ CHECK # _____

VISA _____ MASTERCARD _____

CARD NO. _____

EXP. DATE _____

SIGNATURE _____ DATE _____

PLEASE NOTE:

Please fill out a separate form and write a separate check for each workshop. Write the name of the instructor on your check(s).

Contact info@ocartistsguild.org for information on the refund policy.

For further information, please call Tamara Woronczuk at 732-998-8286.

How did you hear about this workshop? _____
