

# Register by mail

CREATIVE ESCAPE WORKSHOPS REGISTRATION FORM

**Please print and mail this form with payment to:**

Creative Escape Workshops, 1489 Schaeffer Road, Sebastopol, CA 95472.

To pay by phone (707)824-1811

WORKSHOP TEACHER/ARTIST NAME: \_\_\_\_\_

Workshop Dates \_\_\_\_\_

Workshop location \_\_\_\_\_

Name: (Mr./Mrs./Ms.) \_\_\_\_\_

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (cell - so we can reach you on the road if necessary) \_\_\_\_\_

email \_\_\_\_\_

I am enclosing Deposit only (50% tuition) Payment in full 2nd payment/ Final installment

Registration in a workshop indicates that you have read and accept the terms and conditions .

Payment

Check enclosed (payable to Carolyn Wilson/Creative Escape Workshops)

or

Authorization to charge my credit/debit card (Visa/Mastercard/Discover/American Express)

Card Number \_\_\_\_\_ Expiration (month/yr) \_\_\_\_\_

CCV \_\_\_\_ Authorization signature \_\_\_\_\_ Date \_\_\_\_\_

or

Pay by phone - call (707)824-1811