



WORKSHOP REGISTRATION FORM

Please fill out this form completely — Print clearly. Thank you.

Name _____

Address _____

Phone # _____ Text message : Yes / No

E-mail address _____

Name of Workshop _____

Instructor's Name _____

Workshop Date (s) _____

Tuition \$ _____ Members Non Members

Lab Fee \$ _____ Total Payment \$ _____

Please send the completed registration form and a check, payable to the Valley Calligraphy Guild, to:

Yuki Tanaka
1451 NW 17th St.
Corvallis, OR 97330

Questions? Please contact Yuki <art_yuki@comcast.net>

Note: We do not accept e-mail or phone registration.
Full payment is required to reserve your place