

Registration Form – Pay by Check

Please use one form for each workshop.

Name (Mr. Mrs. Ms. Dr. Prof.) _____

Address _____

City _____ State _____ Zip _____

Country _____ Telephone _____

E-Mail _____ Fax _____

Workshop

Title: _____ Instructor: _____

Dates: _____ Location: _____

(all locations require stair climbing) Lodging (where are you staying) _____

How did you find out about us? _____

In case of an emergency who do you wish us to contact? Name _____

Telephone # _____ E-Mail _____

Cost of workshop	_____
(may not include cost of supplies see workshop details)	
Model fee (if applicable)	_____
Supplies fee (if applicable)	_____
Sub-Total	_____
Deposit (50% of sub-total or full payment)	_____
Balance due 14 days before starting date	_____

Enclosed is my check in the amount of \$ _____ made out to Mystic Mountain Art, Inc.
Please mail to: Mystic Mountain Art, Inc., 2381 Fairbanks Road, New Woodstock, NY, 13122.
Sending this form indicates you have read and agreed to the Cancellation Policy.

Comments: _____