

2018 REGISTRATIONS WILL NOT BE ACCEPTED BEFORE 8:00 AM (PST), THURSDAY, MAY 4, 2017

PERSONAL INFORMATION

PLEASE PRINT CLEARLY IN BLACK INK.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 code \_\_\_\_\_

Country \_\_\_\_\_

Phone: Day ( \_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_ ) \_\_\_\_\_

FAX ( \_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Would you like to be a host/hostess for your workshop? Yes No

Roommate Name(s) \_\_\_\_\_

Private Room? Yes No

Meals: Regular Vegetarian Vegan

Food Restriction? Medical Religious

Describe \_\_\_\_\_

Disability, please explain \_\_\_\_\_

Bernina sewing machine rental? Yes No If Yes, add \$85.00

PAYMENT

\$250.00 deposit paid Other amount: \$ \_\_\_\_\_

Full tuition paid Amount : \$ \_\_\_\_\_

Payment by check (preferred):

Check # \_\_\_\_\_ Check Enclosed Check in mail to reserve

Make your payment using your Visa or Mastercard online at: emptyspoolsseminars.com/payments or fill in your credit card information below.

I will pay online, OR charge my credit card: Mastercard VISA

Credit card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_ Security code \_\_\_\_\_

Billing address, if different: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 code \_\_\_\_\_

Signature \_\_\_\_\_

2018 Empty Spools Seminars Registration Form

This is my FIRST time attending ESS

I am interested in attending Session(s): I II III IV V

Please indicate your first, second and third choice of INSTRUCTOR for each session you plan to attend.

SESSION I

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

SESSION IV

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

SESSION II

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

SESSION V

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

SESSION III

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

For additional information call: (707) 864-1170 emptyspoolsseminars.com

Submit your registration form by MAIL, FAX or E-MAIL ATTACHMENT

Allow 3 to 4 weeks for confirmation.

Mail to: Empty Spools Seminars 5306 Springridge Court, Fairfield, CA 94534-4005

Fax: (707) 864-1345

E-mail: info@emptyspoolsseminars.com

I have read and agree to the terms, conditions and cancellation schedules included in the Empty Spools Seminars class catalog and/or website and agree to indemnify, hold harmless and make no claim against Empty Spools Seminars, its owners, officers, employees, volunteers or contractors for any injury, loss or damage sustained by attendees.

Signature required \_\_\_\_\_ Date \_\_\_\_\_