

**2019 REGISTRATIONS WILL NOT BE ACCEPTED BEFORE 8:00 AM (Pacific Time), TUESDAY, MAY 1, 2018**

**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 \$95.00*

**PAYMENT** (Payments also accepted online at: [emptyspoolsseminars.com/payments](http://emptyspoolsseminars.com/payments))

\$300.00 Deposit paid  Other amount : \$ \_\_\_\_\_

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

Payment by check (**preferred**):

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

Payment by credit card:  Mastercard  VISA  Online Payment

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

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

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

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

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

Signature \_\_\_\_\_

# 2019 Empty Spools Seminars Registration Form

This is my FIRST time attending Empty Spools Seminars

The total number of sessions I want to attend is: \_\_\_\_\_

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

**SESSION I: February 24 – March 1**

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

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

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

**SESSION IV: April 28 – May 3**

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

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

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

**SESSION II: March 1 – 6**

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

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

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

**SESSION V: May 3 – 8**

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

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

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

**SESSION III: March 24 – 29**

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

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

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

For additional information call:  
**(707) 864-1170**  
**[emptyspoolsseminars.com](http://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](mailto: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 \_\_\_\_\_

Electronic signature accepted: \_\_\_\_\_