

REGISTER BY MAIL, FAX OR E-MAIL ATTACHMENT



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2011 Registration by MAIL, FAX or E-MAIL ATTACHMENT

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

Fax: (707) 864-1345 E-mail: emptypools@aol.com

Please PRINT clearly in black ink. Allow 3 to 4 weeks for confirmation.

Check box
if first time

Name: _____ for name badge

Address: _____

City: _____ State: _____

Country: _____ Zip: _____ - _____

TEL: Day (____) _____ Evening (____) _____

FAX: Home (____) _____ Cell (____) _____

E-mail address _____

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

Name of roommate (s): _____ Private: _____

Meals: Regular _____ Vegetarian _____ Vegan _____ Food Restriction: Medical _____ Religious _____

Disability, please explain _____

Sewing machine rental (\$75, Bernina only) _____

I have enclosed: Deposit Amount \$ _____ Full Amount \$ _____

Payment by: Check # _____ MasterCard _____ Visa _____

Card # _____

Name: _____ Exp. date: _____ Security code: _____

Billing Address if different: _____

Your Signature: _____

I am interested in attending Session(s) _____

I _____ II _____ III _____ IV _____ V _____

Please indicate your 1st, 2nd, and 3rd choice of **INSTRUCTOR** for each session you plan to attend.

SESSION I _____

1st choice _____

2nd choice _____

3rd choice _____

SESSION II _____

1st choice _____

2nd choice _____

3rd choice _____

SESSION III _____

1st choice _____

2nd choice _____

3rd choice _____

SESSION IV _____

1st choice _____

2nd choice _____

3rd choice _____

SESSION V _____

1st choice _____

2nd choice _____

3rd choice _____

I have read and agree to the terms, conditions and cancellation schedules included in the Empty Spools Seminars brochure and/or website.

SIGNATURE REQUIRED FOR REGISTRATION _____