



Unraveling the Mysteries of Self-Employment in the Arts
Registration Form – Jan. 23 & 24, 2007
Workshop Fee \$125

Registrant Information

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Evening Phone: _____

Email Address: _____

Amount Due: \$ _____

Will you be needing any accommodations to make this workshop accessible to you? Please describe if so: _____

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Payment Information

Payment method (circle one): ☐ cash ☐ check (# _____) ☐ credit ☐ PO

Credit Card Number: _____ / _____ / _____ / _____

Exp. Date: ____ / ____ 3 digit code on back of card: ____ Card Type: MC / VISA

Name on card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of cardholder: _____

Purchase orders will be accepted. Our state vendor code is 17428633386001.

PO # _____

Invoice to: _____

Signature: _____ Date: _____