

MAIL-IN REGISTRATION

(Staff Initial)

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address _____

<input type="radio"/> Student	<input type="radio"/> Non-student	SU ID# (staff/students only)	Price
Class/Workshop/Seminar		Dates	Price
Class/Workshop/Seminar		Dates	Price
Class/Workshop/Seminar		Dates	Price
			TOTAL

METHOD OF PAYMENT

Check or Money Order payable to: **COMMUNITY DARKROOMS**

Please charge to my: VISA MasterCard

Card Number _____ Expiration Date-IMPORTANT _____

Name on Card _____ Signature _____

LIGHT WORK

community darkrooms

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