

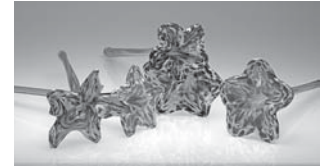


Glass Blowing Experience Workshops



Registration Form

Workshops (all fees include supplies)



Contact Information:

Name _____

Address _____

City _____

State _____ Zip _____ Phone _____

Email _____

Saturday, September 17			
10:00 am session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
11:00 am session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
12:00 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
1:30 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
2:30 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
3:30 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$

Sunday, September 18			
12:00 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
1:00 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
2:00 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
3:00 pm session	<input type="radio"/> \$45 non member	<input type="radio"/> \$40 member	\$
Total Due/Enclosed			\$ _____

Upon receipt of your registration and payment, a confirmation number will be sent to you.

Method of Payment:

Checks should be made payable to: Sauder Village

Credit Card: American Express Discover Mastercard Visa

Card # _____

Expiration Date _____

V-code # on back of card _____ (last 3 digits on the signature line on back of card)

Return form and payment to:

Sauder Village, Glass Blowing Experience, P.O. Box 235 Archbold, OH 43502

If paying by credit card, registration form can be faxed to 419.445.5251