

Registration
Mentoring day/s with Gail Harker

1 or 2 day session, 14 and/or 15 June, 2019 - \$125.00 each day

Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Full Tuition due at time of registration

Check enclosed for: 1 day 125.00 2 days - \$225

Please list the day/s you have chosen 14 June, 15 June, 2019

Please bill my credit card for: 1 day 125.00 2 days - \$225

Credit Card Number _____ Exp. Date _____

Cardholder Signature _____ CVV Code* _____

Last 3 digits on back of card

Note: *You may alternatively phone us to give credit card information.*

I have read and understand the terms and conditions as outlined in the brochure, and hereby agree to them:

Signature required for registration (please photocopy this form & retain for your records)

 **Gail Harker**
Center for Creative Arts
P.O. Box 1000
La Conner
WA 98257
Phone: (360) 466-0110
gail@gailcreativestudies.com
www.gailcreativestudies.com