

Workshop Registration

Greave's on Garments at Mind's Eye

Registration limited to first 30 paid registrations

May 1-2, 2015
1019 W Commerce Drive
Decatur, IN 46733
260-724-2050

Company owner name _____

Company name _____

Mailing address of CC used to register Street _____

City _____ State _____ Zip _____

E-mail for primary contact _____

Mobile phone number used during travel to event _____

Workshop fee is \$175 per person includes all classroom materials, refreshments, lunch on Friday and Saturday. BBQ dinner on Friday night. Additional registrants from same company on this registration form eligible for 10% discount.

	<u>Workshop Fee</u>	<u>TSB PRICE</u>	<u>Amt Paid</u>
First registrant name _____	\$175.00	\$150	_____
Second registrant name _____	157.50	135	_____
Third registrant name _____	157.50	135	_____

Total amount charged to CC _____

Credit Card Info: Amex Discover Master Card Visa

Name on Card _____

Office Use Only

Card Number _____

Date Reg Rc'vd _____

Ex. Date _____ CVV# _____

Card Processed _____

Payment acknowledged _____

Signature _____

E-mail scanned or .pdf copy of registration form to greg@mindseyeg.com or

Fax copy of completed form to 260-724-4004