

**Workshop Registration**  
**PROscreen-Professional Screenmaking**  
**by SAATI Workshop at Mind's Eye**

**Registration limited to first 30 paid registrations**

August 14-15, 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 \$149.99 per person** includes all classroom materials, refreshments, lunch on Friday and Saturday. And a networking dinner on Friday night. Additional registrants from same company on this registration form eligible for a discount.

**Workshop Fee**

**Early Bird**

**Amt Paid**

**(July 31, 2015)**

First registrant name \_\_\_\_\_ \$149.99      \$99.99      \_\_\_\_\_

Second registrant name \_\_\_\_\_ 135.00      90.00      \_\_\_\_\_

Third registrant name \_\_\_\_\_ 135.00      90.00      \_\_\_\_\_

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** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Payment acknowledged** \_\_\_\_\_

**E-mail scanned or .pdt copy of registration form to Stephanie at [workshop@mindseyeg.com](mailto:workshop@mindseyeg.com)**

**OR Fax copy of completed form to 260-724-4004**