

# Workshop Registration

## Greave's on Garments at Mind's Eye

**Registration limited to first 30 paid registrations**

May 6-7, 2016  
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 \$199.99 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

(April 15, 2016)

First registrant name \_\_\_\_\_ \$199.99 \$149.99 \_\_\_\_\_

Second registrant name \_\_\_\_\_ 180.00 135.00 \_\_\_\_\_

Third registrant name \_\_\_\_\_ 180.00 135.00 \_\_\_\_\_

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 .pdf copy of registration form to Stephanie at [workshop@mindseyeg.com](mailto:workshop@mindseyeg.com)**

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