

REGISTER BY MAIL, FAX OR E-MAIL ATTACHMENT



2012 Registration by MAIL, FAX or E-MAIL ATTACHMENT

Mail to: 5306 Springridge Court, Fairfield, CA 94534-4005

Fax: (707) 864-1345 E-mail: info@emptypoolsseminars.com

Please PRINT clearly in black ink. Allow 3 to 4 weeks for confirmation.

Check box
if first time

Name: _____ for name badge

Address: _____

City: _____ State: _____

Country: _____ Zip: _____ - _____

TEL: Day (_____) _____ Evening (_____) _____

FAX: Home (_____) _____ Cell (_____) _____

E-mail address _____

Would you like to be a host/hostess for your workshop? Yes _____ No _____

Name of roommate (s): _____

Private: _____ Private, Specified Non-historic room (add \$125): _____

Meals: Regular _____ Vegetarian _____ Vegan _____ Food Restriction: Medical _____ Religious _____

Disability, please explain _____

Sewing machine rental (\$75. Bernina only) _____

I have enclosed: Deposit Amount \$ _____ Full Amount \$ _____

Payment by: Check # _____ MasterCard _____ Visa _____

Card # _____

Name: _____ Exp. date: _____ Security code: _____

Billing Address if different: _____

Your Signature: _____

I am interested in attending Session(s) _____ II _____ III _____ IV _____ V _____

Please indicate your 1st, 2nd, and 3rd choice of **INSTRUCTOR** for each session you plan to attend.

SESSION I

1st choice _____

2nd choice _____

3rd choice _____

SESSION II

1st choice _____

2nd choice _____

3rd choice _____

SESSION III

1st choice _____

2nd choice _____

3rd choice _____

SESSION IV

1st choice _____

2nd choice _____

3rd choice _____

SESSION V

1st choice _____

2nd choice _____

3rd choice _____

I have read and agree to the terms, conditions and cancellation schedules included in the Empty Spools Seminars brochure and/or website.

SIGNATURE REQUIRED FOR REGISTRATION _____