



2011 Workshop Enrollment/Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (Day) _____ (Evening) _____

Cell: _____

Workshops: *(Please use back, if you wish to enroll in more than three workshops)*

Date: _____ Instructor: _____

Date: _____ Instructor: _____

Date: _____ Instructor: _____

Amount enclosed:

Please make check payable to Pastel Society of America and mail to:

**Pastel Society of America
15 Gramercy Park South
New York, NY 10003**

**Registration must be paid in full in advance.
(Maximum enrollment 15)**

**\$100 for one day workshop; \$250 for two day workshop;
\$450 for three day workshop**

Please tell us where you heard about our workshops.

Circle all that apply:

**Art Times ▪ American Artist ▪ Pastel Journal ▪
Friend ▪ Email blast ▪ Other (explain)**