



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)