



Registration Form

Workshop Information

_____	_____	\$
Workshop Name	Start Date	Fee

Personal Information

Name		
_____	_____	_____
Street Address	City, Province	Postal Code
_____	_____	_____
Email Address	Phone (home)	Phone (work/cell)

Payment

Payment in full must accompany this registration. Please make cheque payable to **Write Where You Are** and mail to:

Write Where You Are
22 Abraham Close
Red Deer AB
T4R 3A9

See you write soon!