



Please, register early. Our workshop spaces are limited.

We will promptly contact you to confirm your registration.

Deadline is May 1, 2009

Workshop: \_\_\_\_\_.

Name: \_\_\_\_\_.

Street City \_\_\_\_\_.

State, Zip \_\_\_\_\_.

Email \_\_\_\_\_.

Phone \_\_\_\_\_.

Total \_\_\_\_\_.

Please email your workshop registration form to Lorena La Grassa, Event Coordinator, at [lgrassa@sightspecificprojects.com](mailto:lgrassa@sightspecificprojects.com)

Bring a copy of this form with payment. Payment type; cash only.

A certificate of participation will be issue for each attendant.

I agree to terms and conditions.