

TO REGISTER:

REGISTRATION FORM: *Please print, fill out and mail to:*

**FLATFILE GALLERY**

**217 North Carpenter**

**Chicago, Il 60607**

*Or call the gallery at 312-491-1190*

YOUR NAME;

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE

Home-----

Cell-----

EMAIL ADDRESS \_\_\_\_\_

CLASS TITLE: \_\_\_\_\_

DAY-----

COST \_\_\_\_\_

CLASS TITLE: \_\_\_\_\_

DAY-----

COST \_\_\_\_\_

CLASS TITLE: \_\_\_\_\_

DAY-----

COST \_\_\_\_\_

CLASS TITLE: \_\_\_\_\_

DAY-----

COST \_\_\_\_\_

CLASS TITLE: \_\_\_\_\_

\_\_\_\_\_

DAY-----

COST \_\_\_\_\_

CLASS TITLE: \_\_\_\_\_

DAY-----

COST \_\_\_\_\_

TOTAL \_\_\_\_\_

Method of Payment:

Visa # \_\_\_\_\_ Expiration  
date \_\_\_\_\_

Mastercard # \_\_\_\_\_ Expiration  
date \_\_\_\_\_

Check:

Amount

enclosed: \_\_\_\_\_