

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: _____