

## Workshop Request

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

This business is  Quilt Shop  Guild

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Classroom Location (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Payments will be:  Pre-pay with check  Credit Card

If using a credit card, please provide the following:

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

mm/dd/yyyy

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Workshop Dates:

1<sup>st</sup> Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_

3<sup>rd</sup> Choice: Date: \_\_\_\_\_ Time: \_\_\_\_\_