

Fall 2010 Workshop Registration

Name: _____

Mailing Address: _____

Telephone: _____

E-mail: _____@_____

Workshop: _____

Charges

Workshop Fee: \$ _____

TOTAL enclosed: = \$ _____

Check enclosed payable to: **Arkell Museum**

VISA MASTERCARD DISCOVER

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____

Cardholder's Signature:

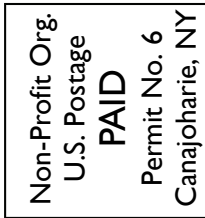
Form may be duplicated or used to register for more than one class. Please print legibly!

Please return completed form with payment to:
Andy Albertson, Curator of Education
Arkell Museum at Canajoharie
2 Erie Blvd.
Canajoharie, NY 13317

Phone: 518-673-2314 x 109

Fax: 518-673-5243

E-mail: aalbertson@arkellmuseum.org



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Canajoharie, NY 13317
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