

Winter 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: _____ - _____ - _____ - _____

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

Please return completed form with payment to:

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Arkell Museum at Canajoharie
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Canajoharie, NY 13317**

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Fax: 518-673-5243

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