

REGISTRATION

NAME _____

STREET _____

CITY STATE ZIP _____

PHONE _____ EMAIL _____

WORKSHOP NAME _____ DATE OFFERED _____ PRICE _____

WORKSHOP NAME _____ DATE OFFERED _____ PRICE _____

WORKSHOP NAME _____ DATE OFFERED _____ PRICE _____

WORKSHOP TOTAL _____

MEMBERSHIP

- GENERAL MEMBER (\$40)
- STUDENT MEMBER (\$30)
- HOUSEHOLD MEMBER (\$60)

GRAND TOTAL _____

PAYMENT METHOD

- CASH (ENCLOSED)
- CHECK (ENCLOSED)

Send this form and payment to:

Em Space Book Arts Center
407 SE Ivon Street
Portland, OR 97202

www.em-space.org

