

Registration Form – CTWS Spring **4-Day** Workshop with Joseph Fettingis

View Joseph Fettingis Website: <http://www.jfettingis.com>

Read the entire registration form completely as some **changes have been made.**

Date/Time of Opening Reception, Critique & Awards: Monday, April 19th, from 5:30-8:30 PM

Date/Time of Workshop: April 20th thru 23rd (Tuesday to Friday), from 9 AM to 4 PM

Place of Workshop: The Carleen Bright Arboretum (9001 Bosque Blvd., Waco, TX 76712)

Cost of Workshop: \$235 for CTWS Members -Preference given prior to 3/10/10 to CTWS members.

Workshop checks will be deposited after that meeting.

\$245 for CTWS Members (Late Registration after 3/10/10)

\$285 for Non-members (Eligible on a 1st come/1st served basis after 3/10/10. If desired, \$25 of your fee can be applied to membership which will allow you to register early as a CTWS member, as well as other benefits during the year (separate checks for \$260 & \$25 should be submitted). Registration & payment should be mailed ASAP.

A waiting list will be maintained in the event there are cancellations.

Name:	Date:
Printed Name:	Birthday: Month: Day: Year:
Address:	
City & Zip	
Phone Number: (Home)	(Business):
Cell Phone:	Email:
Occupation: _____	Special Interests _____
Talents/Abilities: _____	
Willing to serve/volunteer:	

Indicate membership (check one of the following):

CTWS Member CTWS New Member (Use as CTWS membership application.) Non-member

Method of Payment (check one): Check Money Order

Make checks or money orders **payable to CTWS** & Indicate **“2010 Spring Workshop”** on the **memo line**.

Registration & payment must be furnished together, and should be mailed to **CTWS – ATTN: Donna Swartz, 3025 Lasker, Waco, Tx 76707**

I understand that the reception/breakfast snacks/lunches will be catered at a cost of \$35 per person. This allows me to have no food responsibilities during the workshop. We still have funds in the raffle account so will pay \$10 per person toward lunch. Please make a **separate check to Beverly Balch for \$25, but include it in the envelope to Mary with above check and registration form.**

I also understand that I must keep my immediate area clean (bring a sack for your trash), furnish my own table cover. I understand and agree to leave The Arboretum **PROMPTLY** at 4:45 PM each day (Sensitive to Arboretum staff).

I understand that my check/payment will be held until **3/10/10**, at which time it will be deposited. Any cancellations and refunds must be requested from Donna Swartz at 254-855-2908, or dgschwartz@msn.com. **Refunds, partial or complete, are determined on an individual basis depending on the specific situation. If a refund is made, I understand that a \$50 non-refundable deposit will be retained by CTWS.** If my registration is completed & received after 3/10/10, or I am registering as a non-member, I understand that registration is on a first-come/first-served basis. I also understand that my registration will not be accepted until both registration and check are furnished.

Signed _____ Printed Name _____

CTWS Use Only: Date Received _____