



zea mays
printmaking

Workshop Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Chemical Sensitivities/Allergies: _____

Workshop Title: _____

Dates: _____

Fee: _____

Amount enclosed (50% deposit due at registration): _____

Balance Due (1 week prior to workshop): _____

Confirm my registration by: _____ Phone, _____ Email

Print and mail to:
Zea Mays Printmaking
320 Riverside Drive
Florence, MA 01062

By registering I agree to the registration and cancellation policies outlined at:
<http://zeamaysprintmaking.com/registration-policies>