

Registration Form

Page.Stage.Engage: An Introduction to Spoken Word Poetry by Guante

October 18, 4:00 – 6:00 p.m.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email address: _____

** If registering more than one student, please include the full names of all students below (or on the back).

Workshop Registration Cost

Number of People _____ x \$10 each = \$ _____

Payment Method

Registration confirmation information will be mailed and emailed, if email address is provided.

Paid Online (Name on Credit Card) _____

Check or Money Order payable to: **CVCA**

Credit Card (fill in below)

Please check appropriate box: VISA MasterCard Discover American Express

Print Cardholder Name: _____

Card #: _____

Expiration Date: _____ 3 or 4 Digit Security Code : _____

Billing Address (if different from above): _____

Signature: _____

Please mail or fax completed registration form with payment to:

Heyde Center for the Arts

3 S. High Street

Chippewa Falls, WI 54729

FAX: (715)726-9000

Requesting a Sponsorship. Please let us know the best way to contact you.
