



# Registration

**Please Print**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

For which workshop are you registering? \_\_\_\_\_

How did you hear about AQSF? \_\_\_\_\_

**I agree to the terms, conditions and cancellation schedule**

X \_\_\_\_\_ (initial)

X \_\_\_\_\_

**Signature and Date are Required to Confirm Reservation**

Please mail completed form to:

AQSF

12 Conchas Loop Santa

Fe, NM 87508

Please include a check for the whole cost of the workshop with the completed registration form. If you wish to pay by charge card, complete this registration form, mail it or email it to [aqsf@att.net](mailto:aqsf@att.net) and complete the payment by using the drop down windows on the registration page of the Art Quilt Santa Fe website.