



WORKSHOP REGISTRATION FORM

Workshop Name: _____ **Tutor** (if known): _____

Date of Workshop: _____

Participant Name: _____

Address: _____

Telephone Number: _____ **Email:** _____

Are you a Guild member? (please circle)

Member/Non-Member/Affiliated Member

Member Number: _____

Special Dietary Requirements: _____

Additional Comments:

Payment can be made by credit card, cash or EFTPOS at the Guild Yarn Store, (open Thursdays 9:30 – 1:00pm 03 6224 1526) or by enclosing a cheque with this form and mailing to:

HWSD Guild Tasmania
Project Officer
PO Box 163
Battery Point 7004

If paying by credit card, please supply your card details.

Name on Card: _____

Amount Paid: \$ _____

Type of card (please circle)

VISA MASTERCARD OTHER: _____

Number: _____

Expiry Date: _____

CVC Number: _____