

HWSD GUILD of TASMANIA Inc. WORKSHOP REGISTRATION FORM

WORKSHOP CODE: _____

WORKSHOP NAME: _____

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR CONTACT EMAIL: _____

YOUR PHONE NUMBER: _____

ARE YOU a *(please circle appropriate category, and, add your member# if you know it)*

MEMBER

NON-MEMBER

AFFILIATED MEMBER

Payment can be made by credit card, cash or by EFTPOS at the Guild Yarn Store, or by enclosing a cheque with this form and mailing to:

HWSD Guild Tasmania Inc.

PO Box 163

Battery Point 7004

If paying by credit card please supply your card details.

VISA

MASTERCARD

OTHER _____

NUMBER _____

EXPIRY DATE _____