

QGOA Workshop Registration

Workshop Name/Speaker: _____

Workshop Date: _____

Location: To be determined

Workshop Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email _____

Form of Payment: Check # _____ Cash _____ Credit _____

Cost is \$40 for members/\$45 for non-members. Please make all checks payable to **QGOA**.

Payment must be received to hold your space in the workshop. Enrollment is on a first come, first served basis.

Please check the Programs Page on the website www.QGOA.org for required supplies/kit and pattern fees.

Please sign-up at a meeting, online, or print this form and mail your registration form, with full payment, to:

Quilters' Guild of Arlington
PO BOX 13232
Arlington, TX 76094-0232

Date Received _____ Time Received _____ Initials _____