

stanthorpe regional art gallery



WORKSHOP REGISTRATION FORM

Workshop Title:

Workshop Date:

Name of Participant:

Address:

Phone: Mobile: Email:

Emergency contact: Phone:

Member of Gallery Society: \$20 Yes \$25 No

Payment Options

Please make cheques payable to the Stanthorpe Art Gallery Society Inc. **OR** charge your credit card using the following details:

→ Please debit my credit card by as follows:

MasterCard Visa

Cardholder Name: _____

Card Number: ____ / ____ / ____ / ____

Card Expiry Date: __ / __ CCV Number: ____

Signature: Date: __ / __ / ____

CCV is the Credit Card Verification Number - Last 3 digits located on the signature strip on reverse of MasterCard/Visa Card.

| Office use only | Date Received | / | / | Receipt | Amount | \$ | Payment Type |
|-----------------|---------------|---|---|---------|--------|----|--------------|
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**Forms to be sent to: Stanthorpe Regional Art Gallery
PO Box 211 Stanthorpe QLD 4380**