

## WORKSHOP REGISTRATION

#	<p style="text-align: center;">Your name; _____</p> <p>Address _____ Phone # _____</p> <p>Email: _____</p>		
	<p style="text-align: center;"><b><u>Workshop Name(s) (please indicate)</u></b></p> <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> <p><i>Please make payment for workshops to Prairie Canada Carvers. Cost as indicated in workshop bulletin.</i></p> <p><i>Register by mail. Send this form to: Tom McCormack, 39 Brixford Cresc. Winnipeg, MB, R2N 1E1 204-253-0885</i></p> <p style="text-align: center;"><b><u>Prompt registration for seminars is encouraged, as participation numbers are limited.</u></b></p>	Fee  _____  _____	
	Total		