



Your name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

Workshop Title and date: \_\_\_\_\_  
Are you a Burchfield Penney member? \_\_\_\_yes \_\_\_\_not-yet  
Member's fee enclosed: \$ \_\_\_\_\_  
Not-yet member's fee enclosed: \$ \_\_\_\_\_

Payment is a check: \$ \_\_\_\_\_  
Check number: # \_\_\_\_\_  
Payment is a credit card: \_\_\_\_\_  
Card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
 Master Card  
 Visa  
 Discover

Name on card: \_\_\_\_\_  
Signature: \_\_\_\_\_

Contact Kathy Gaye Shiroki for further information at [shirokkg@buffalostate.edu](mailto:shirokkg@buffalostate.edu)

