

Burchfield Penney Art Center

Winter Virtual Workshops

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: print clearly _____
(E-mail you will use for the Zoom Link)

Phone: _____ - _____ - _____

Workshop Title: _____

Workshop Date(s) _____

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: _____

Check Amount: _____

Payment is a credit card

Card number: _____

Expiration Date: _____

3-Digit Number: _____

- Visa
- Discover
- Master Card
- American Express

Name on Card: _____

Send in your registration to:

Burchfield Penney Art Center

Attention: Winter Workshops, Kathy Shiroki

1300 Elmwood Avenue

Buffalo, New York 14222

or e-mail registration form to Kathy Shiroki: shirokkg@buffalostate.edu

Please feel free to send me an [email](#) saying you are registering for a workshop. This way I will be looking for your registration!

For further information contact Kathy G. Shiroki at: shirokkg@buffalostate.edu