



**I'd Rather be in the Studio
[But I Have to Eat]**

**Registration Form
Saturday, April 4
9:30 a.m. to 3:30 p.m.**

Information

Name of Registrant _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Artist (Discipline) _____

Art Organization (Name) _____

How did you find out about our workshop?

Payment

_____ Early bird registration (**deadline March 6, 2009**)

\$97/\$87 for Swope members

_____ Regular registration (**after March 6, 2009**)

\$117/\$105 for Swope members

_____ Check included

_____ Please charge my ___ Visa or ___ Mastercard

Account number _____ Expiration date _____

Registration Policies

- Enrollment is taken on a first-come, first-served basis. Please register early, as the workshop has limited seating.
- Full payment must be received with registration.
- Can't attend? Send a spouse, friend or colleague in your place! You can always transfer your reservation to anyone else, at any time, with no penalty.
- Prior to March 6, 2009 we will gladly refund the balance of fees you paid to us (less a \$15 handling fee). We are not responsible for airfare or other expenses you may incur.
- After March 6, 2009 there are no refunds. Sorry.
- For more information on the workshop or on Swope memberships, call (812) 238-1676.

Please fax to (812) 238-1677 or send to:

Swope Art Museum

25 South 7th Street

Terre Haute, IN 47807

Photo Release

I, the undersigned, grant the Swope Art Museum permission to use any pictures taken in public view of myself individually, or any in which I appear in whole or in part. I understand that these pictures may be reproduced in print and electronic media specifically to promote the Swope Art Museum and any of its programs. I waive any right to inspect or approve said pictures, or any captions or accompanying texts that may be used in connection with them, or to approve the use to which said material may be applied.

Registrant's Signature _____ Date _____