

william
JAMESON

fine art

PAINTING WORKSHOP
Registration Form

Name of workshop: _____ Workshop Dates:

Your Name:

Street Address:

City: _____ State: _____ Zip:

Your E-mail address: _____ Home phone: ()

Emergency Contact: _____ Phone: ()

Preferred medium: Oil ___ Acrylic ___ Watercolor ___ Other

If you are a first time participant in a William Jameson painting workshop, please provide a brief description of your painting experience, your level of painting, and also list other art classes or painting workshops you have attended:

How did you hear about William Jameson's painting workshops? (please check)

Website: ___ Email from William Jameson ___ Referred by (name of person):

_____ Magazine ad: ___ Name of publication:

Payment for workshop:

Check for the workshop fee: \$ _____ or deposit of: \$ _____ with balance due \$ _____

Or please bill my:

VISA ___ or Mastercard ___ Card #: _____ Exp. Date:

Your signature authorizing the above charge to your card:

You may also register online at: www.williamjameson.com, or by calling 828.749.3101. Once your registration is complete, you will receive a materials list and further information.

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828. 749. 3101