

THE DOGWOOD INSTITUTE, INC.

REGISTRATION FORM

Print out this Registration Form and either fax to (770) 751-9572 or mail the registration form along with credit card number or check to:

(Please make checks payable and return to the following address)

The Dogwood Institute, Inc.

School of Fine Woodworking

1640 Mid-Broadwell Road, Suite 200

Alpharetta, GA 30004

Phone: (800) 533-2440, or (770) 751-9571

PLEASE SEND MY CONFIRMATION VIA:

EMAIL FAX MAIL

PHOTOCOPY
THIS FORM -
1 for each
course registered.

First Name _____

Last Name _____

Home Address _____

City/State/Zip _____

Home Phone _____

Work/Cell
Phone _____

Fax Number _____

Email Address _____

Skill Level Basic/Beginner Intermediate Advanced

Please enclose check with this form, or charge:

- American Express Discover Card MasterCard Visa
 Personal Check Employer Check Gift Certificate

Please charge my credit card:

Deposit only Full Payment

Enclosed is my check for: \$ _____ Deposit Full Payment

Card/Check # _____ Exp. Date _____

Card Holder _____

I wish to register for
Course Title: _____

Date _____

PLEASE USE ONE PAGE FOR EACH COURSE FOR WHICH YOU ARE REGISTERING.

PHOTOCOPY THIS PAGE AS MANY TIMES AS NEEDED!