



ART WORKSHOP REGISTRATION FORM - 2016

GERALD BOYD, PSA, PSWC, SWA
2-Day Pastel/Oil Still Life Workshop
April 9 - 10 Beginner - Advanced Students

DATES: April 9-10, Saturday/Sunday 9:00 AM - 4:00 PM,
LOCATION: SWA Art Center, 527 San Mateo Avenue, San Bruno
FEES: \$150 SWA Members \$185 non-SWA members or \$183.75 if joining SWA
REGISTRATION DEADLINE: Saturday March 12, 2016
MATERIALS: A materials list will be sent to you when available.
CANCELLATIONS: Cancellations received at least 30 days prior to workshop start date will be refunded in full.
INDEMNITY CLAUSE: By signing the Registration Form below, I agree to accept full responsibility for any and all injuries, damages, or losses resulting from my voluntary participation in the activities of SWA Art Workshops, and to hold SWA, its licensors, staff, volunteers, and representatives forever harmless from any action, claim, or liability from same.
WORKSHOP ORGANIZER: Sherry Vockel, sherry@societyofwesternartists.com, (650) 922-7474

JOIN SWA - MEMBERSHIP BENEFITS

SWA MEMBERSHIP DUES

- 5-7 juried art exhibitions per year including our prestigious Annual Exhibition of Art with over \$5000 prizes
9 artist lecture/painting demonstrations - 3rd Sat of the month
Bi-monthly newsletter - ads for your classes/workshops (fee)
Link to your website or social media
Signature Award Program
Discount on Artist Workshops
Rent the Art Center for solo/group art shows

Table with 3 columns: Period (January-December, April-December, July-December, October-December), Amount (\$45.00, \$33.75, \$22.50, \$11.25), and Note (New Members Only).

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REGISTRATION FORM

GERALD BOYD - PASTEL/OIL Still Life 2-Day Workshop
April 9 & 10 Saturday-Sunday 9:00 AM - 4:00 PM

Student Name _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

- \$150.00 SWA Members only
\$75.00 deposit to hold my place in the workshop. Balance due by March 12, 2016
\$185 non-SWA Member
\$183.75 discount for joining SWA = \$150 + \$33.75 (SWA membership April - December 2016)

Enclosed is my check for _____ payable to "SOCIETY OF WESTERN ARTISTS"
Credit Card Payment (Visa or Mastercard):

Name on Card: _____ Card # _____ Exp. Date _____

Card 3 Digit Code _____ Billing Address _____

Amount _____ Cardholder Signature _____

My signature below confirms my understanding and agreement with the above Cancellation and Indemnity policies:

Signature _____ Date _____

Mail Registration Form and Payment to: Society of Western Artists, c/o Sherry Vockel
527 San Mateo Avenue, San Bruno, CA 94066