

SOCIETY OF WESTERN ARTISTS

www.societyofwesternartists.com

2625 Broadway Street
Redwood City, CA 94063

DOUG DAWSON 3-Day Pastel/Oil Workshop "Landscape in Pastel and Oil"

DATES: October 21, 22, 23 Friday, Saturday & Sunday 9:00 am - 4:00 PM

LOCATION: Society of Western Artists Gallery, 2625 Broadway Street, Redwood City, CA

REGISTRATION DEADLINE: Friday, September 23rd

CLASS SIZE: Limited to 15 students.

STUDENT LEVEL: Beginner to Advanced

COST: \$425.00 - Society of Western Artist members

\$437.00 - non-members (includes membership in SWA through 12/11)

MATERIALS: A materials list will be mailed to you upon receipt of Registration Form and fees.

INFORMATION or QUESTIONS? Contact: Sherry Vockel (650) 873-0118 or sherrylee-swa@hotmail.com

INFORMATION AND REGISTRATION FORMS ALSO AVAILABLE ON WEBSITE: www.societyofwesternartists.com under "2011 Artist Workshops"

CANCELLATION POLICY

Cancellations 30 days or more prior to the first day of the workshop are 100% refundable. Once the workshop begins, there will be no refund for no-shows or withdrawals. SWA reserves the right to cancel workshops due to insufficient enrollment or reasons beyond our control. If a workshop is cancelled by SWA, registrants will receive a full refund. If you need to cancel and there is a waiting list or you find a replacement for your place in the workshop, you will receive a complete refund. The Workshop Facilitator can help you find a substitute if there is a waiting list.

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REGISTRATION FORM

DOUG DAWSON 3-DAY PASTEL/OIL WORKSHOP

October 21, 22, 23 FRIDAY, SATURDAY, SUNDAY 9:00 - 4:00 PM

Student Name: _____ Phone Number: _____ Email: _____

Address: _____ City: _____ State _____ Zip _____

_____ My deposit of \$100.00 to hold my place in the workshop. **BALANCE DUE BY FRIDAY, SEPTEMBER 23**

_____ \$425.00 (SWA Members only)

_____ \$437.00 (non-SWA Members-includes membership in SWA through 12/11 **NOT AVAILABLE TO PREVIOUS**

SWA MEMBERS

Pay by Credit Card Authorization (Visa, MC):

Name on Card _____ Card # _____ Exp. Date _____

Card Type _____ Billing Address _____

Amount _____ Cardholder Signature _____

Send Registration Form and payment to: (if sending check make it payable to: "SOCIETY OF WESTERN ARTISTS")
Sherry Vockel c/o Doug Dawson Workshop 672 Guadalupe Avenue Millbrae, CA 94030

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