SOCIETY OF WEST-COAST ARTISTS Art Workshop REGISTRATION FORM



WARREN CHANG 2-Day Portrait Oil Painting Workshop

February 9-10, 2019

Intermediate – Advanced Students

This 2-day oil painting workshop will emphasize painting with a limited palette. Students will work on two portraits over the course of the workshop. Instructor demos will include anatomic construction, facial proportions, light and shadow, and hard and soft edge techniques. A live model will be provided.

DATES: February 9-10, Saturday/Sunday 9:00 AM – 4:00 PM

LOCATION: SWA Art Center, 527 San Mateo Avenue, San Bruno

FEES: \$275 SWA Members \$330 non-SWA members \$320 non-SWA members joining SWA

REGISTRATION DEADLINE: Thursday, January 10, 2019

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. Cancellations received less that 30 days prior to workshop start date cannot be refunded unless a substitute student can be found. The Workshop Organizer may have a waiting list for a substitute. In the event SWA cancels the workshop, registration fees 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 licensers, staff, volunteers, and representatives forever harmless from any action, claim, or liability from same.

WORKSHOP ORGANIZER: John Barrows, johnbarrows@sbcglobal.net

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REGISTRATION FORM				
	WARREN CHANG February 9-10, 2019		ainting Workshop 9:00 AM – 4:00 PM	
Student Name		Phone	Email	
Address: City State Zip \$275.00 SWA Members only \$75.00 deposit to hold my place in the workshop. Balance due January 10, 2019 \$330.00 non-SWA Member \$320 discount for joining SWA (\$45 membership credit) Pay by check made payable to SOCIETY OF WEST-COAST ARTISTS OF Credit Card (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 Registration, Indemnity and Cancellation policies:				
Signature			Date	

Mail Registration Form and Payment to: SWA, Attn: John Barrows, 527 San Mateo Avenue, San Bruno, CA 94066