



**Visual Arts Classic Workshop Registration Form**  
**Milwaukee Art Museum**  
Milwaukee, WI

PLEASE PRINT

School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Teacher: \_\_\_\_\_

School ☎: \_\_\_\_\_ Home ☎: \_\_\_\_\_

e-mail: \_\_\_\_\_

# of students: \_\_\_\_\_ X \$3.00 = \$ \_\_\_\_\_ (amount due w/ registration)

**Workshop Dates:**

First choice:    Second choice:

- |                          |                          |                             |                      |
|--------------------------|--------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Wednesday, February 6, 2008 | 12:45 p.m.–2:20 p.m. |
| <input type="checkbox"/> | <input type="checkbox"/> | Thursday, February 7, 2008  | 12:45 p.m.–2:20 p.m. |

**Make checks payable to the *Milwaukee Art Museum*.**

**Please complete this form and return it  
with your payment to:**

Jane Nicholson  
School and Teacher Programs Manager  
Milwaukee Art Museum  
700 N Art Museum Drive  
Milwaukee, WI 53202

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**For Office Use Only**

Date Recv'd: \_\_\_\_\_  
Confirmation Sent: \_\_\_\_\_

Check #: \_\_\_\_\_  
Check Amount: \$ \_\_\_\_\_