



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 3, 2010	12:45 p.m.–2:30 p.m.
<input type="checkbox"/>	<input type="checkbox"/>	Thursday, February 4, 2010	12:45 p.m.–2:30 p.m.

Make checks payable to the *Milwaukee Art Museum*.

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

Chelsea Kelly
 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: \$ _____