



Workshop

Contact details

Title	First name		
Surname			
Street address			
Suburb	State	Postcode	
Phone (H)	(B)		
Fax	Mobile		
Email			

If you don't have an email, please enclose a stamped, self addressed envelope

Workshop details

Workshop title
Workshop date

*Please note bookings are accepted in the order they are recieved.
Please post your application quickly.*

Membership status

<input type="checkbox"/> Current member	<input type="checkbox"/> Non-member
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Payment

Cheque / money order enclosed for \$

*Please write your name and the class on the back of your cheque or money order.
Please note we are unable to accept cash payments*

Return this form with payment to the:

Calligraphy Society of Victoria Inc.
GPO Box 2623, Melbourne, Victoria, 3001