



CATRIONA FRASER'S "SUCCESS AS AN ARTIST SEMINAR"
AT
BLACKROCK CENTER FOR THE ARTS
Saturday, November 6, 2010, 9:30 A.M. - 4 P.M
REGISTRATION FORM

Mail or Deliver (10 a.m.-5 p.m., Mon-Fri) to: BlackRock Center for the Arts
12901 Town Commons Drive, Germantown MD 20874 or Fax to: 301.528.2266

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail Address (to receive confirmation): _____

Course Title: Catriona Fraser's "Success as an Artist Seminar" Day/Time: Sat. Nov. 6, 2010/ (9:30 a.m. - 4 p.m.)

Registration Fee: \$80

Location: Second Floor Terrace Studio.

Please note a complimentary continental breakfast will be held in the lounge adjacent to the terrace studio from 9:30 to 10 a.m. The seminar will take place from 10 a.m. to 4 p.m. with an one hour lunch break.

Cancellation: In the event that weather conditions demand the closing of BlackRock Center for the Arts, and canceling of the seminar, a make-up date will be rescheduled within 30 days. (Class Minimum 10 People) Please note BlackRock has the right to cancel, if the class minimum is not reached by Oct. 29th.

Registration Due: November 3, 2010 (CLASS MAXIMUM 40 PEOPLE)

Registration Subtotal: _____
Processing Fee: \$3
Total Enclosed: _____

Payment Method:

Check# _____ Amount \$ _____ Payable to BlackRock Center for the Arts Cash \$ _____

Circle One: Visa/ Master Card/ AmEx/ Discover Number: _____ Exp. Date: _____

Name on Card: _____ 3-digit Security Code: _____ Signature: _____

Please read the following and review BlackRock's Policies as your signature indicates your agreement:
While BlackRock Center for the Arts and its instructors make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will be responsible for any medical or other costs incurred resulting from illness and/or claims or damages arising out of personal injury of any kind. In the event of any medical emergency, I authorize BlackRock Center for the Arts to administer first aid and/or to seek emergency medical treatment for myself/my child.

Signature: _____ Date: _____
(Registrant over 18 or parent/guardian)

Signing and submitting a registration form and payment of class fees implies acceptance of ALL policies as stated.