

# Mackinac Arts Council

P.O. Box 1834  
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## Workshop Registration Form

Workshop Title: \_\_\_\_\_

Please complete the form and send your check or money order for the full amount of the workshop made payable to the Mackinac Arts Council at the above address.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Workshop Dates: \_\_\_\_\_

Workshop Fee (enclosed): \_\_\_\_\_

Thank you! We look forward to seeing you on Mackinac.

How did you hear about our workshops? \_\_\_\_\_