Burchfield Penney Art Center

Registration form Reworking Sense Series April 2022

Your name:			
Address:			
City:	State:	Zip:	
E-mail: print clearly			
Phone:	-		
Workshop Title:			
Workshop Date(s):			
Workshop fee:			
Are you a Burchfield P	enney Member?	Yes	Not-Yet
Member's Fee Enclose	ed: \$		
Not-Yet Member's Fee	e Enclosed: \$		
<u>Payment is a Check</u> Check Number: Check Amount:			_ _
Payment is a credit ca Card number: Expiration Date: 3-Digit Number:			- - -

Send in your registration to:

Burchfield Penney Art Center

Attention: Workshops, Kathy Shiroki

1300 Elmwood Avenue Buffalo, New York 14222

or e-mail registration form to Kathy Shiroki: shirokkg@buffalostate.edu

For further information contact Kathy G. Shiroki at: shirokig@buffalostate.edu