

THE ABRUZZI MOUNTAIN WORKSHOP

(registration form)

Name.....

Address.....

City.....State.....Zip.....

Day phone.....Fax or e-mail.....

A contact in case of emergency.....

Dates of workshop.....
(please give two as spaces are limited)

I am on my own but would like to share a room.....Smoker?.....

I prefer to room alone (\$300 supplement).....

Please note: The workshop cannot be held responsible for loss of property, injury or illness.

Signature:

Date:

.....

keep this portion:

We now have an on-line Secure Payment Site and sign up system at www.artworkshopitaly.com or you may fill out and return this form with a non-refundable deposit in the amount of \$500 drawn on a US bank or a US-dollar-denominated bank or money order. Deposits must be received two months prior to your workshop date. The remaining balance is due one month prior to your arrival. Lodging arrangements will be made only upon receipt of your deposit.

Send registration form and deposit (payable to Patricia Antonucci) to:

Patricia Antonucci
56 Jane Street 4A
New York, N.Y. 10014
Tel: 212-243-4702/917-238-7714
e-mail: rmpa@verizon.net