

Name _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____

Email _____

Please check your preferred method for notification: Mail Telephone Fax Email

Payment Method: Visa Master Card American Express Check

Credit Card # _____ Exp. _____

Please list requested classes by Title

Do you operate or work for a business which is involved in the fabrication or reselling of glass products or supplies?

Yes No

If Yes, Where? _____

How did you hear about classes at Reflective Art Studio? Word of mouth Walk-in Internet

Magazine ad or listing (please specify) _____

Other(Please Specify) _____

Occupation _____

What do you hope to get out of the class(es) that you've applied for?
