

Workshop Booking Form

Full Name

Address

Postcode

Telephone

Email

Please indicate the classes you wish to attend by writing in the code number/s and ticking if you want to order a kit.

EXPO CLASSES

	6th Nov		7th Nov		8th Nov	
	AM	PM	AM	PM	AM	PM
Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAURA MCCABE CLASSES

	31 Oct/1 Nov	2 Nov	3 Nov	6 Nov	7 Nov
Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you a BSV Member? Yes No

Do you have a disability that prevents you from walking up a flight of stairs? Yes No

How are you paying? Cheque Visa Mastercard

If you are paying by cheque, please make it payable to: The Bead Society of Victoria Inc.

Amount \$ *Do not include kit price in your payment. Kits are paid for on the day of your class.*

If you are paying by credit, please complete the section below.

Name on card

Card Number

Expiry Date / Signature

If sending form electronically, there is no need to sign.

SEND FORM