2018 Registration

Name:		
Address:		
City:	_ Province (Stat	e) / Postal (Zip) Code:
Telephone:	email: _	
Method of Payment: Cheque	O VISA O	MASTER CARD O
Card No		Expire Date:
Signature:		_
Open Studio with Jerem	ny Mayne	
	575.00 CDN	0
·	ced Analysis 685.00 CDN 685.00 CDN	0
Open Studio — Surface September 3–7 \$	e Exploration 585.00 CDN	ns with Anthony Steffes
Collage and Experimer	ntation with U	Irsula Reynolds
October 12–14 \$	365.00 CDN	0
Accommodations [5 nights, Sunday to Thursda	ay inclusive — a	dditional nights extra]
Shared/Person \$425.00 CDN	N [5 nights]	0
Single /Person \$525.00 CDN	[5 nights]	0
Total Amount:	Am	ount Remitted:
Balance Due:	[GST to be added]	

River Rock Studio

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email: reynolds@riverrockstudio.com