



Workshop for Women, LLC
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Class Registration Form

Today's Date: _____

Personal Contact Information

Name: _____

Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Email Address: _____

Would you like to be added to our mailing list? Yes No

Please Check One: New Student Returning Student

Class #1 Information

Class Title: _____

Scheduled Date: _____

Scheduled Time: _____

Cost: _____

Class #2 Information

Class Title: _____

Scheduled Date: _____

Scheduled Time: _____

Cost: _____

Payment Information

Method of Payment: Cash ___ Check ___ Money Order ___ *Credit Card via Paypal ___

*Requires a valid email address

Do you have a coupon? Yes No

Referred by? _____

For Office Use

Database Updated _____ Student File _____

Payment Received _____ Confirmation Sent _____

Mailing List _____