JORDAN SCHNITZER MUSEUM OF ART

ART AND HEALING WORKSHOP WORKSHOP FOR ADULTS AND STUDENTS

Information:			
Name :			
Age (if under 18):	Name of Guardian (if registrant is und	der 18):	
Address:			
City:	State: Zip:		
Email:	Phone: Emerge		
Emergency Contact Per	rson: Emerge	ncy Phone:	
How did you learn abou	ut the class?		
		" CD	
Session:	Fee:	# of Registrants:	
Saturday, May 30	\$10 (UO/High School Students)		\$ \$
1–3 p.m.	\$20 (Public)	X	\$
Instructor: Sara McDonou			
	in your day to slow down, engage in creati		
Bartow? Join us for an art	production workshop exploring methods of	and techniques for using	art in your daily life.
	ur tax-deductible donation can provid art classes. Please consider making a c	-	\$+
		Total Amou	nt: \$
Payment:			
Check enclosed	(made payable to the University of O	regon)	
Visa			
Card number:	Expiration Date:		
_	Cianatura		

Registration and Cancellation Policies

- This workshop is open to adults and high school students.
- Credit towards a future class will be made if you withdraw at least one week before the first class meeting. After that time, no refunds will be made.
- Email is our primary means of communicating with you. A confirmation email will be sent upon receipt of registration.
- Classes with insufficient enrollment may be cancelled prior to the first meeting. Full refunds are given when the Museum cancels a workshop or class.
- For more information about classes and workshops, visit jsma.uoregon.edu or call (541) 346-6410.

Mail or fax registration forms and payment to: Jordan Schnitzer Museum of Art

1223 University of Oregon, Eugene, OR 97403-1223

Fax: (541) 346-0976

JORDAN SCHNITZER MUSEUM OF ART

MEMBERSHIP PROGRAM

JSMA Members receive a 10% discount on all camps and classes. Join Today!

Name		
Second name		
Street		
City	State	Zip
Phone	Email	
Please choose one of the follow	wing membership levels:	
\$45 Individual \$55 Family \$100 Member	\$250 Member \$500 Member \$1,000 Member	
Apply 10% senior discou	Valid only for Indi	or discount* (must show proof of ID) ividual and Family memberships
PAYMENT		
Check enclosed (made paya	able to the University of Oregon I	Foundation)
Charge my credit card:	Visa MasterCard	Amex
Card Number	Expiration Da	te
Name on Card		
Signature		

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THANK YOU FOR YOUR SUPPORT!