JORDAN SCHNITZER MUSEUM OF ART

INTRODUCTION TO PRINTMAKING WORKSHOP FOR ADULTS AND HIGH SCHOOL STUDENTS

| Information: | | | |
|--|--|---|--|
| Name : | | strant is under 18): | |
| Age (if under 18): | Name of Guardian (if regi | strant is under 18): | |
| Address: | | | |
| City: | State: | Zip: | |
| Email: | Phone: | Emergency Phone: | |
| Emergency Contact Pers | 30n: | Emergency Phone: | |
| How did you learn abou | it the class? | | |
| Session: | Fee: | # of Registrants: | Cost: |
| Sunday, February 22 | | Members) x | |
| 1–4 p.m. | | | |
| Instructor: Mika Boyd | | | |
| | how those beautiful prints are spired by the Under Pressure | e created? Learn how to create y exhibition. | our own prints in this |
| Qualify for a discount? | (Select one; discounts are no | at combinable) | \$ - |
| | A member. Members rec | | φ - |
| | come a JSMA member. Co | | |
| | cation and receive a 10% | | |
| I am a UO affiliate | | | |
| | current UO students recei | | - |
| i acuity, stail, and | current OO students recer | | |
| | e tax-deductible donation o et classes. Please consider | | \$ + |
| | | Total A | mount: \$ |
| Payment: | | _ | |
| | (made payable to the Univ | ersity of Oregon) | |
| VisaM | asterCard | | |
| Card number: | <u>Ex</u> | piration Date: | |
| Name on card: | Sig | gnature: | |
| Refunds of class fe meeting. After tha Email is our prima receipt of registrat Classes with insuf given when the M | en to adults and high school stude ees, less \$25, will be made if t time, no refunds will be ma ary means of communicating ion. ficient enrollment may be ca useum cancels a workshop o | you withdraw at least one week de. with you. A confirmation emai ncelled prior to the first meetin | l will be sent upon g. Full refunds are |
| Mail or fax registration | forms and payment to: | Jordan Schnitzer Museum 1223 University of Oregon Fax: (541) 346-0976 | |

JORDAN SCHNITZER MUSEUM OF ART

MEMBERSHIP PROGRAM

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

[] YES! I want to be a member of the Jordan Schnitzer Museum of Art!

| Name | | | |
|--------------------------------------|--|-------------------------------|----|
| Second name | | | |
| Street | | | |
| City | State | Zip | |
| Phone | Email | | |
| Please choose one of the following r | nembership levels: | | |
| \$45 Individual | \$250 Member | | |
| \$55 Family | \$500 Member | | |
| \$100 Member | \$1,000 Member | | |
| Apply 10% senior discount* | Apply \$20 educator discount* (must show proof of ID Valid only for Individual and Family memberships | | |
| *Limit one discount per membership | vana onny joi ma | widdai ana i anniy memoersing | 73 |
| PAYMENT | | | |
| Check enclosed (made payable to | the University of Oregon I | Foundation) | |
| Charge my credit card: Vis | a MasterCard | Amex | |
| Card Number | Expiration Da | te | |
| Name on Card | | | |
| Signature | | | |

Jordan Schnitzer Museum of Art, 1223 University of Oregon, Eugene OR 97403-1223.

THANK YOU FOR YOUR SUPPORT!