

**2018 Registration Form
Series 14**

Registration opens February 1, 2018

Name_____

Street Address_____

City_____

State _____ Zip code_____

Phone #_____

Email_____

Workshop(s) Attending:_____

Total #workshops _____ x \$200 each=_____

Payment Information: Check (payable to Cincinnati Museum Center)

Credit Card: Discover MasterCard Amex Visa (Check one)

Card holder's name_____

Card no_____

Expiration date_____

Signature of cardholder_____

Mail to:

Cincinnati Museum Center
Edge of Appalachia Preserve
4274 Waggoner Riffle Road
West Union, Ohio 45693

Email to:

cbedel@cincymuseum.org



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Museum
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