



## WORKSHOP REGISTRATION

Please print. Return the completed form along with your check for payment to:  
HWS, The Arts at Marks, 1159 Nuuanu Avenue, Honolulu HI 96817.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (office) \_\_\_\_\_

Your website (if you have one): \_\_\_\_\_

Name and date of workshop you are registering for:

\_\_\_\_\_

What would you like to learn from this workshop?

\_\_\_\_\_

\_\_\_\_\_

Do you have any specific questions for the instructor that he/she can answer for you?

\_\_\_\_\_

\_\_\_\_\_

Upon receipt of this form and your check we will send you workshop information. If you need assistance or have questions, please contact us at [info@hawaiewatercolorssociety.org](mailto:info@hawaiewatercolorssociety.org)