



Seminar/Workshop Registration

Name _____

Address _____

City _____ State _____ Zip-Code _____

Telephone _____

Email _____

__ Painting _____
(Name of Workshop for which you are registering)

Seminar Fee _\$75 a day _____ Instructor(s) John Engler _____

Seminar Address: IBEW Local 226; 1620 NW Gage Blvd; Topeka, Kansas

Date(s): __October 29th – 30th _____

Make payment to: Kaw Valley Woodcarvers Association

A \$20.00 non-refundable fee is required to hold your reservation.

Complete payment must be received by or made on the day of the workshop.

Inquiries about workshop: Phone: **Text: Wilbur Coffee at 785-587-4903**

Submit registration form and payment to:

Kaw Valley Woodcarvers Association
P.O. Box 19125
Topeka KS 66619