

Registration Information Form:

Name_____

Phone_____

Address:_____

City/Zip_____

Email_____

Occupation_____

Date of Desired Workshop:_____

How did you hear about the workshop?:

Enclosed find my registration donation of \$_____

(Check made payable to "AVPSB")

Mail to:

SBAVP

PO Box 3294

Santa Barbara, CA 93130

OR CALL US AT: 800/905 6765 ext. 2

(\$25-125 Registration. Pay what you can afford in order to support community-wide participation.)

(Our costs are \$25/person for lunches and snacks. Space is donated.)

Santa Barbara location and confirmation will be sent upon receipt of registration.

REGISTRATION DEADLINE: one week prior to workshop.