



Class/Workshop Registration

Date: _____

BITV Member? : _____

First/Last Name: _____

Address : _____

City : _____ State : _____ Zip : _____

Phone : _____ Cell Phone: _____

E-mail : _____

Course or Workshop Name: _____

Course or Workshop Date: _____

Course or Workshop Fee: _____

Total \$ _____

Payment must be made at time of registration

Type of Payment : ___Cash ___Check ___Visa ___MC ___Disc ___AE

Credit Card Number : _____ Exp Date : _____ Sec Code _____

Thanks for supporting BITV12!

PO Box 10449
Bainbridge Island, WA 98110
206.780.2980

Processed By: _____

Entered Into Facil By: _____