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## WORKSHOP REGISTRATION FORM

Workshop Title \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Workshop Fee \_\_\_\_\_

Location \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

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

Email (required for registration confirmation) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you a member of the Fort Smith Regional Art Museum? \_\_\_ Yes \_\_\_ No

Payment Options **Amount** \_\_\_\_\_

Check Enclosed  Visa  MasterCard  Discover

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Referral Information. Please share with us how you learned about the workshop.

- Friend or Colleague
- Museum website
- Social Media (Facebook, Twitter, Pinterest)
- Printed Media
- Internet
- Other (please specify) \_\_\_\_\_