

NORTH CAROLINA BOTANICAL GARDEN
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Class & Workshop Registration Form

Participant Registration Information

Date _____

Participant Name _____

Street Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

[for Children's Programs] Parent Name _____ Child's Age _____

Are you enrolled in the Certificate Program? Native Plant Studies Botanical Illustration No

I am a member of the North Carolina Botanical Garden: Yes No

If you would like to become a member, please visit: <http://ncbg.unc.edu/pages/30/>

How did you hear about this program/class? _____

Class/Workshop Information

<u>Class/Workshop Title(s)</u>	<u>Start Date(s)</u>	<u>Fee(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total Fee Due =	_____

Payment Method

Check made out to **North Carolina Botanical Garden** enclosed – Amount: \$ _____

Credit Card – Amount: \$ _____

Visa

Card Number: _____ - _____ - _____ - _____

Mastercard

Exp. Date: ____/____

Signature _____

Return Registration form and payment via US MAIL to the address below. We will confirm receipt of our form and payment via phone or email. **Please check if you would like the physical receipt mailed to you.**

North Carolina Botanical Garden
Attn: Education Department
CB 3375
Chapel Hill, NC 27599-3375

Phone 919-962-0522
Fax 919-962-3531
www.ncbg.unc.edu