

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

Class/Workshop Registration Form

Participant Information

Name:	Date:
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Address:

Daytime Phone:	Email Address:
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Are you a member of the Garden: (Check which Applies)	Yes: _____ No: _____
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Are you enrolled in the Certificate Program? (Check with Applies)	Yes: _____ No: _____
If Yes, Check which applies:	Botanical Illustration: _____ Native Plants: _____

Class/Workshop Information

Class/Workshop Title(s):	Start Date:
1.	
2.	
3.	

Payment Method*

Check Enclosed _____	Amount of Check: \$ _____
Credit Card: _____ (Please Circle) MC Visa	Amount to be Charged: \$ _____ Card Number: _____ - _____ - _____ - _____ Exp. Date: __/__/__ Signature: _____

* If you wish to purchase/renew a membership and receive the discounted rate for registration, please enclose a separate check made out to "Botanical Garden Foundation": Individual \$45, Family \$60, Senior (65+), Volunteer, or Teacher \$25, Full-time student \$15.

1/2009