



SUMMER ART EXPERIENCE (SAE) REGISTRATION FORM

5 day Workshops 8,9,10,11 and 12 January 2018

3 day options available on request (8.9.10 Jan), priority given to 5 day registrants.

www.asoc.net.au

To register for an SAE Workshop please complete all sections of this form. Send with your payment to the address at the bottom of this form. A separate form is required for each registrant. **Full payment is required at the time of booking**

NAME:		
ADDRESS		
Email:		Postcode
Phone:		Mobile

New member's fee is \$71.00; distance members (Over 100k from Canberra) \$49; students with ID \$38

WORKSHOPS in air-conditioned venue at Canberra College Phillip, ACT	1 st and (2 nd) preference for each workshop	ASOC MEMBER \$	NON - MEMBERS \$	1 st Pref COST \$
MASTERCLASSES – Advanced only				
Herman Pekel (4 days) Watercolour and Acrylics on paper	HP	600	700	
David Wells Portraits in pastels and oils	DW	750	850	
Heidi Willis Birds & Botanical Watercolour	HW	750	850	
STANDARD CLASSES – Beginners, Intermediate and Advanced				
Pauline Adair Life Drawing (incl models)	PA	725	825	
Christopher Blake Pastels: Alive and Vibrant	CB	650	750	
Denis Clarke Interpreting Trees, Mixed Media	DC	650	750	
Rick Cochrane (limit 8) Expressive Drawing & Printmaking	RC	746	846	
Chan Dissanayake Impressions with Watercolour	CD	650	750	
Angelika Erbstrand Contemporary Multi/mixed media (incl model)	AE	665	765	
Chris McClelland Wildlife painting, graphite & Colouredpencil	CM	650	750	
Tracey Miller Macro floral acrylic, Beginners portraits mixed media	TM	650	750	
Gary Myers Loosen up with acrylics	GM	650	750	
Craig Penny Exploring Acrylics with Craig Penny	CP	650	750	

TOTAL COST

Payment Details Please tick payment method and complete the relevant details

<p>Electronic funds transfer Artists Society of Canberra, BSB 325 185, ACCOUNT NUMBER 03597907</p> <p>ENSURE YOU ATTACH YOUR REFERENCE IN THE TRANSACTION: Surname/Initial/SAE</p>	<p>Date paid</p> <p>DATE OF TRANSFER:</p>
<p>Cheque</p> <p>Cheque Number _____ Bank _____</p>	<p>Card: Visa Mastercard</p> <p>Credit Card Number _____</p> <p>Expiry Date _____ CVV _____ (from back of card)</p> <p>Name on Card _____</p> <p>Signature (If posting form)</p>

Name of Emergency Contact _____ Phone Number _____

Special requirements i.e., medical, disability, etc _____

Special dietary requirements?

Email Form to: treasurersoc416@gmail.com

OR Post to: SAE Registrations, PO Box 3629, Manuka Post Office, Manuka ACT 2603

By end November 2017 please.