



## CLASS REGISTRATION FORM

*You may use this form to register for up to three classes*

Please print clearly:

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please enroll me in the following class:

<u>Class Title</u>	<u>Non-Member Fee</u>	<u>Member Fee</u>	<u>Discounted Fee</u> (Student Member, Teacher Member, Senior Member, Military Member, Librarian Member)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please circle one

TOTAL PAYMENT ENCLOSED \$ \_\_\_\_\_

I am a member of the IWC  (please  if applicable)

\_\_\_\_\_ Check or Money Order  
*Checks Payable to "Indiana Writers Center"*

\_\_\_\_\_ VISA \_\_\_\_\_ MasterCard

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

CCV# \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder Printed Name \_\_\_\_\_

Where did you find out about this class? \_\_\_\_\_

My Accessibility Needs: \_\_\_\_\_

*All enrollments are subject to the Indiana Writers Center class registration policies*

MAIL FORM AND PAYMENT TO:

Indiana Writers Center

PO BOX 30407

INDIANAPOLIS, IN 46230-0407