



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:

Class Title

Non-Member Fee

Member Fee

Discounted Fee

(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
1125 Brookside Avenue, Suite B25
Indianapolis, IN 46202-2085