

SOCIETY OF WEST-COAST ARTISTS

Art Workshop **REGISTRATION FORM**



Ellen Howard
3-Day Plein Air Painting Workshop
 September 13, 14, 15, 2024 Intermediate – Advanced Students

The class will spend the first day doing value studies, talking about compositional design and atmospheric perspective. On the 2nd and 3rd day will be painting in Pescadero.

DATES: September 13, 14, 15, 2024 **Friday/Saturday/Sunday 9:00 AM – 4:00 PM**
LOCATION: Friday – studio; Saturday, Sunday - Pescadero
FEES: \$425 SWA Members \$440 Non-members joining SWA \$450 non-SWA members
REGISTRATION DEADLINE: Thursday, August 22, 2024
MATERIALS: A materials list will be sent to you when available.
CANCELLATIONS: Cancellations received at least 30 days prior to workshop start date will be refunded in full. Cancellations received less than 30 days prior to workshop start date cannot be refunded unless a substitute student can be found. The Workshop Organizer may have a waiting list for a substitute. In the event SWA cancels the workshop, registration fees will be refunded in full.
INDEMNITY CLAUSE: By signing the Registration Form below, I agree to accept full responsibility for any and all injuries, damages, or losses resulting from my voluntary participation in the activities of SWA Art Workshops, and to hold SWA, its licensors, staff, volunteers, and representatives forever harmless from any action, claim, or liability from same.
WORKSHOP ORGANIZER: Sharon Harris, swagallery@societyofwesternartists.com

Cut Here and Return Cut Here and Return

REGISTRATION FORM

Ellen Howard 3 Day Plein Air Painting Workshop
 September 13, 14, 15, 2024 Friday-Sunday 9:00 AM – 4:00 PM

Student Name _____ Phone _____ Email _____

Address: _____ City _____ State _____ Zip _____

_____ \$425.00 SWA Members only _____ \$440.00 non-SWA Member joining SWA

_____ \$450.00 non-SWA Member

Sign up on-line at www.societyofwest-coastartists.com

or pay by check made payable to SOCIETY OF WEST-COAST ARTISTS **or** Credit Card (Visa or Mastercard)

Name on card: _____ Card # _____ Exp. Date _____

Card 3 Digit Code _____ Billing Address _____

Amount _____ Cardholder Signature _____

My signature below confirms my understanding and agreement with the above Registration, Indemnity and Cancellation policies:

Signature _____ **Date** _____

Mail Registration Form and Payment to: SWA, Attn: Sharon Harris, 527 San Mateo Avenue, San Bruno, CA 94066