

Tallahassee Museum

Workshops and Classes Registration Form

Name _____

Address _____ City _____

State _____ Zip _____ County _____

Home Phone _____ Work _____ Cell _____

E-mail _____

Name of Workshop	Date	No. of People	Fee Per Person	Fee Subtotal

Payment Method:

Type of Card: VISA _____ M/C _____ American Express _____ Discover _____

Card # _____ Expiration Date _____

Amount Charged _____

Signature _____

FAX form to (850) 574-8243 ATTN: Education

Or mail form with check made out to Tallahassee Museum to:

**ATTN: Education
Tallahassee Museum
3945 Museum Dr.
Tallahassee, FL 32310**