

REGISTRATION FORM

Name _____
 Email _____
 Contact Numbers _____
 Address _____

I would like to register for the following classes:

Class	Schedule	Time	Please <input type="checkbox"/>	Cost
THE FACE	5 Fridays: May 22, 29, June 5, 12, 19	7-10pm	<input type="checkbox"/>	\$2,500.00
THE NUDE	Per Saturday:			
	May 16	2 - 6pm	<input type="checkbox"/>	\$800.00
	May 23	2 - 6pm	<input type="checkbox"/>	\$800.00
	May 30	2 - 6pm	<input type="checkbox"/>	\$800.00
Total Fee \$				_____

NOTE: Payment deadline is midnight 3 days before the class. Class is limited to 10 students.

Choose Your Method of Payment

Please

- In Person - Please bring in your cheque or cash to the studio. Please call the studio prior to arriving.
- By Direct Transfer - Please transfer to HSBC account number: 808-066575-001 under the name of *Studio 8 HK Publishing Ltd.* Please email us to inform us of the transfer.
- By Cheque - Please make your cheque payable to Studio 8 HK Publishing Ltd. Please send your cheque to the studio address as indicated above.
- [By PayPal - Please make your payment to the following email ID: orders@normyip.com](mailto:orders@normyip.com)

CLASS IS LIMITED

PLEASE FAX THIS FORM TO 2542-4208

Agreed: _____ Date _____

Office Use	
Payment Received	Date