

CPC Class Registration

Would you like to be added to our mailing list?

Yes No

Name:

Address: _____

Phone: _____

Email: _____

I'm interested in: Classes Gallery Both

Please indicate the class(es) you're interested in taking in the space below and attach a deposit of \$25 for each class. (Your deposit will be deducted from the class fee.) Thanks!

Mail your \$ and this form to:
Chicago Printmakers Collaborative
4642 North Western Avenue
Chicago, Illinois 60625