

24K CLASS REGISTRATION FORM

Name _____

**Make check payable to:
24 KARAT DESIGNS**

Address _____

City/State/Zip _____

**Mail payment to:
24 KARAT DESIGNS
CALLIGRAPHY STUDIO
9 MORAN STREET
NEWTON, NJ 07860**

Phone _____ Cell _____

Email _____

Or fax to 973.300.0995

AUTUMN 2010 CLASSES AND WORKSHOPS

Sept. 11 th thru Nov. 13 th	CALLIGRAPHY: BEGINNERS BOOTCAMP	\$229
Sept. 11 th thru Nov. 13 th	INTRODUCTION TO COPPERPLATE	\$299
November 20 th	DECORATED LETTERS	\$99
December 4 th	DIVINE FLOURISHES	\$99
		TOTAL

Card Type (circle one): Visa MasterCard

Card Number: _____

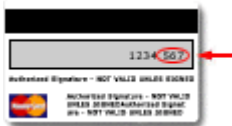
Expiration Date: _____ Card Verification Number:* _____

Name on Card: _____

I hereby authorize 24 Karat Designs to charge my credit card in the amount shown above.

Cardholder's Signature: _____

***YOUR CARD VERIFICATION NUMBER IS YOUR ADDITIONAL PROTECTION -- to ensure your credit card information is not being used fraudulently.**



If you are using a **Visa** or **MasterCard**, please provide the 3-digit CVV (Customer Verification Value). This is the non-embossed number printed on the signature panel on the back of the card immediately following the Visa or MC card account number.