

Desert Botanical Garden

B O T A N I C A L A R T & I L L U S T R A T I O N S C H O O L

DATE: _____

NAME: _____ RETURNING STUDENT

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ EMAIL: _____

DGB MEMBER# _____ NON-MEMBER CERTIFICATION STUDENT

CLASS TITLE	START DATE	FEE	QTY	TOTAL
TOTAL AMOUNT DUE				

PAYABLE BY: VISA MC AMEX DISCOVER

NAME (As it appears on card): _____

CARD # _____ - _____ - _____ - _____

EXP DATE: _____ SIGNATURE: _____

CHECK# _____ (Please make checks payable to Desert Botanical Garden) AMOUNT \$ _____

COMMENT(S): _____

INTERNAL USE ONLY

PAID	_____	REGISTRATION ID	_____
REFUND	_____	DATE ENTERED	_____
MAT. LIST	_____	EMAILED	_____
ITINERARY	_____	MAILED	_____