



DEAF HANDS SCRAPBOOKING, INC.

“Workshops/Crop”

October 3, 2009

Holiday Inn Hotel & Suites Bolingbrook
 205 Remington Blvd
 Bolingbrook 60440

Pre-registration Form - Workshop

Name: (please print)		
Street Address:		
City:	State:	Zip:
VP/TTY/Voice: ()	Email:	

Workshop Selection – ONE PERSON PER FORM

Limit to 12 participants per workshop (First come, first serve)

Time	Name of Workshop	Cost

Please bring your photo ID, glue, tape and scissors.

Total:

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- Mail cashier’s check or money order (Payable to Deaf Hands Scrapbooking, Inc.) - See address below
- Deadline: August 28, 2009
- No refunds after August 28, 2009
- Pick up admission bag (Will Call) at the hotel site (**PHOTO ID REQUIRED**).

Interpreter request for Hard of Hearing/ Hearing participants.