

# WORKSHOP REGISTRATION FORM

Frederick Douglass Creative Arts Center  
270 West 96<sup>th</sup> Street, New York, NY 10025  
(212) 864-3375 email: fdcac@aol.com www.fdcac.org

WORKSHOP: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

CYCLE: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME#: \_\_\_\_\_

BUSINESS # [B] \_\_\_\_\_ EMERGENCY# [E] \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EDUCATION OR SPECIAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AGENTS/UNIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS ANY OF YOUR WORK BEEN PUBLISHED/PRODUCED? YES \_\_\_\_\_ NO \_\_\_\_\_

HOW DID YOU LEARN ABOUT FDCAC? FRIEND \_\_\_\_\_ NEWSPAPER \_\_\_\_\_

TV \_\_\_\_\_ POSTER/FLYER \_\_\_\_\_ OTHER \_\_\_\_\_

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## FOR FDCAC USE ONLY

DATE	CHECK	CASH	MONEY ORDER