

Arts Management Project
Seminar Registration

Date/Name of Seminar: _____

Organization: _____

Name of person(s) Attending: _____

Address: (Street, City, State, Zip): _____

Phone: _____

Email: _____

Payment:

Art Works Member (No fee)

Check Enclosed (made payable to The Athenaeum Theatre)

Credit Card (credit card payment is available through www.paypal.com using artsathenaeum@gmail.com only)

Simply print this form and mail/fax with payment to:

Return form to:

Melissa Bareford,

Arts Management Project, 2936 N Southport Ave. Chicago IL 60657

FAX: (773) 296-0968 artsathenaeum@gmail.com