

CLASS OR WORKSHOP REGISTRATION FORM

TEMPLE OF DIANA, Inc.

(please print, fill out, and mail to the address below)

Name(s) _____

Postal Address _____

City _____ State _____ Zip _____

Main Phone Number () _____

E-mail Address _____

Class or Workshop Name and Date _____

PLEASE ENCLOSE THE CLASS OR WORKSHOP DEPOSIT OR FEE REQUIRED.
These fees are listed in the class or workshop description.

Amount of payment enclosed \$ _____

Please mail this form with your payment (payable to Temple of Diana, Inc.) to:

**Temple of Diana, Inc
P.O. Box 6425
Monona, WI. 53716-0425**