

IBRAHIM FARRAH LEGACY WORKSHOP

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone: _____ Day _____ Evening _____

E-mail _____

Fri-Sun, April 8, 9 and 10, 2011 MASTER WORKSHOP

Fee Schedule:

\$250.00 -- All three days

180.00 -- Two days

100.00 -- Three days

Please specify the day (days)

Number: _____

Total: _____

Make Checks payable to: Teri Adell

435 West 57th Street, Apt. #1H

New York, N. Y. 10019