

**FIAT LUX ARTIBUS**  
**Kathryn Dana Halpern, Instructor**

**Course and Seminar Registration and Payment Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_ Cost: \_\_\_\_\_

**Please indicate method of payment: Checks payable to “Fiat Lux Artibus” or Cash:**

Check Number: \_\_\_\_\_ or Cash \_\_\_\_\_

**Please mail check along with this form to:**

**Fiat Lux Artibus  
Kathryn Halpern  
P.O. Box 108  
Chatham, MA 02633**

**Or you may bring this form and payment to registration on the first day of class/workshop. Please arrive 15 minutes early for registration, and please let us know in advance that you will be participating, either by phone 508-237-9196 or email [kdhalp@gmail.com](mailto:kdhalp@gmail.com) Thank you!**

**Thank You for your participation.**

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**For Office Use:**

**Payment Amount: \_\_\_\_\_ Paid in Full, date: \_\_\_\_\_**