

# REGISTRATION FORM

NAME

BILLING ADDRESS

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE

CELL PHONE

EMAIL ADDRESS

WEBSITE

Course	Date	Attendee(s)	Fee (refer to course listings for details)

Total:

Please make checks payable to: QUINN ASSOCIATES

VISA/MASTERCARD Card number

VIN #

Expiration Date

Name on card

Amount to be charged

Signature

Date

**Questions?** Contact Marisa Mariscotti at (415) 621-3186 x100 or [AMI@quinn-assoc.com](mailto:AMI@quinn-assoc.com).

**Registration:** Send your completed registration form to Quinn Associates via email, fax, or post:

**Email:** [AMI@quinn-assoc.com](mailto:AMI@quinn-assoc.com)  
**Fax:** (415) 621-3110  
**Mail:** Quinn Associates  
ATTN: Arts Management Institute  
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San Francisco, CA 94103