

# GlassWeekend '17 Registration

Name (Please Print) \_\_\_\_\_

Spouse/Guest's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_

E-mail \_\_\_\_\_

Weekend registration includes all lectures, demonstrations, admissions to gallery exhibitions, and evening receptions. *There is an additional fee for Hands-On Glassmaking.*

## GLASSWEEKEND PATRON

**Yes! I would like to become a Patron of GlassWeekend 2017 at the following level:**

- |   | Amount Due |
|---|------------|
| <input type="checkbox"/> <b>\$5,000</b> (tax-deductible portion, \$4,025)           | \$ _____   |
| <input type="checkbox"/> <b>\$2,500</b> (tax-deductible portion, \$1,525)           | \$ _____   |
| <input type="checkbox"/> <b>\$1,250</b> (tax-deductible portion, variable)          | \$ _____   |
| <i>\$1,250 Patrons Only Please choose one option below:</i>                         |            |
| <input type="checkbox"/> One Weekend Registration or                                |            |
| <input type="checkbox"/> Four passes to Gallery Preview Reception on Friday, June 9 |            |
| <input type="checkbox"/> <b>\$500</b> (100% tax-deductible)                         | \$ _____   |

## GLASSWEEKEND REGISTRATION

- Weekend Registration only  
**\$425** by May 31 # \_\_\_\_\_ x \$425 \$ \_\_\_\_\_
- \$450** after May 31, if space is available # \_\_\_\_\_ x \$450 \$ \_\_\_\_\_
- I cannot attend GlassWeekend but have enclosed a 100% tax deductible donation of \$ \_\_\_\_\_

## HANDS-ON GLASSMAKING OPPORTUNITIES

**Hands on Glassmaking Opportunities:** *You have the option of registering for up to two sessions per person. Please send payment for only your first choice due to limited space availability. If second choice is available, you will be contacted in mid-May for payment.*

	Fee	Name	Choice (1/2)	Price
<input type="checkbox"/> Paperweight Making	\$ 65	_____	_____	\$ _____
<input type="checkbox"/> Flameworking (Bead or Marble Making)	\$125	_____	_____	\$ _____
<input type="checkbox"/> Blow a Glass Vase or Bowl	\$125	_____	_____	\$ _____
<b>Total Due</b>				<b>\$ _____</b>

- Are you a first-time GlassWeekend Attendee?** Yes  No
- Are you a member of the Art Alliance for Contemporary Glass?** Yes  No
- Are you planning to attend the Thursday evening Dessert Reception?** Yes  No
- Are you planning to stay for the Dinner and auction on Saturday Evening?** Yes  No

**New Attendee Referral Discount: Have you referred a new attendee to this event?**

*If so, please list the name of the new attendee below. As a thank you we will send you a \$100 gift card to our Museum Stores once the new attendee has registered and confirmed the referral.*

New Attendee Referred by you: \_\_\_\_\_

## **PAYMENT INFORMATION:**

*(Totals should include patron level cost, additional guest cost, hands on fees)*

Enclosed please find my check in the amount of \$ \_\_\_\_\_

**OR**

I/We would prefer to pay by:  Amex  Visa  MC  Discover

Please call me at the following number to arrange payment: \_\_\_\_\_