



IN



FEBRUARY 6-13, 2010

REGISTRATION FORM

PLEASE USE THIS FORM FOR RESERVATIONS FOR ONE OR TWO PERSONS.

#1

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: DAY: _____ EVENING _____

E-MAIL ADDRESS _____ (Confirmation of reservation sent to this address.)

#2

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: DAY: _____ EVENING _____

E-MAIL ADDRESS _____

- Room Type** _____ Double: two people, one double bed
- _____ Single: one person, one single bed
- _____ Twin: two people, two single beds

**Reservation Fee: \$100.00 per person, non-refundable except in case of tour cancellation.
Deposit of \$300 per person required by October 1; Final Payment of \$775 required by December 1, 2009.**

Please reserve _____space(s) on the *ArtSpace in Oaxaca* Tour.

Enclosed check for \$_____, payable to "Artspace/Lima."

Return this form with your check to: ArtSpace/Lima, *ArtSpace in Oaxaca Tour*, 65-67 Town Square, Lima, OH 45801

Questions: Bill Sullivan, 419-222-1721 or artspacelima@woh.rr.com