

GlassWeekend '15 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.*

Yes! I would like to become a Patron of GlassWeekend 2015 at the following level:

- | | Amount Due |
|--|--------------------------|
| <input type="checkbox"/> \$5,000 (tax-deductible portion, \$4,050) | \$ _____ |
| <input type="checkbox"/> \$2,500 (tax-deductible portion, \$1,600) | \$ _____ |
| <input type="checkbox"/> \$1,250 (tax-deductible portion, variable) | \$ _____ |
| <i>\$1,250 Patrons Only Please chose one option below:</i> | |
| <input type="checkbox"/> One Weekend Registration or | |
| <input type="checkbox"/> Four passes to Gallery Preview Reception on Friday, June 12 | |
| <input type="checkbox"/> \$500 (100% tax-deductible) | \$ _____ |
|
<input type="checkbox"/> 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: *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	_____	_____	\$ _____
		Total Due		\$ _____

Are you a first-time GlassWeekend Attendee? Yes No

Are you a member of the Art Alliance for Contemporary Glass? 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: _____

Please make checks payable to: Creative Glass Center of America
1501 Glasstown Rd., Millville, NJ 08332-1566
856-825-6800, ext. 100 856-825-2410 (fax)