

Registration Form for Thangka Art Courses

Registrant Information	Today's Date:	
First Name:	Last Name:	Date of Birth:
Mailing Address:		

City:	State:	Country:	Zip:	
Email:	Phone:	Fax:		
Passport No.:	Nationality:			
Type of program desired (select one):	Workshop <input type="checkbox"/>	Course <input type="checkbox"/>		

Workshop length: 1 day Weekend

Course length: 1 week 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks

7 weeks 8 weeks 9 weeks 10 weeks 11 weeks 12 weeks

Desired dates (no classes in January):

Education/Professional Background: