



Over the years we have been able to present many talented artists for our community's pleasure at the lowest cost around. Unfortunately, we have lost money on several workshops.

Our mission includes bringing ceramic educational events to the community at a reasonable cost and we intend to continue to do that. Some of our workshops, particularly the hands-on workshops, must be kept small due to space and quality issues. By asking you to prepay your space and offering a refund on cancellations only if the space can be filled from a waiting list (where the space is limited) or after our expenses have been met (on a larger venue), allows us to offer these events at a low cost and to be more efficient, and hopefully keep our finances in the positive column.

If you would like to sign up for the workshop, please print this form, complete it and send it with your check, payable to CASD, or credit card information to CASD, Attn: Merle Lambeth, PO Box 22524, San Diego, CA 92192-2524. If you are not currently a CASD Affiliated Artist (Subscriptions expire on Dec 31st of each year), you may include that cost with your workshop payment. A subscription form can be printed from our website (see below).

Directions and more information will be sent out before the workshop, but feel free to e-mail me with any questions you might have before then.

Thank you,
Merle Lambeth, casd.info@gmail.com Workshop Committee

Workshop Registration Form

I would like to sign up for the _____ workshop, on ____/____/____

At _____ Amount Paid _____

Payment Method (Please choose one) Ck # _____ (enclosed) Credit Card (M/c or Visa) _____

M/C or Visa # _____ Expiration Date _____

cvv code (3 digits on back of card) _____

I have read and understand the refund policy. _____ (← Please initial here)

I understand that CASD, its officers, the operators of the venue, and the workshop presenter are not responsible for any lost, stolen, or damaged personal possessions, or any bodily injury I might sustain during this event.

If my credit card information is written above or phoned into CASD, I authorize the price of the workshop to be charged to my account.

(Your signature)

(Your printed name – as it appears on your credit card)

(your phone number)

(your street address)

(your e-mail address)

(your city, state and zip code)

If your credit card statement comes to a different address please provide that information as well.

Please make your check payable to CASD or include credit card authorization and mail it to the attention of Merle Lambeth at the P.O. Box below. If you prefer to phone the credit card info, call 858-735-5559

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