



Workshop Registration Form

Workshop Name _____ Date _____

Your Name _____

Address _____ City, State, Zip _____

Phone: Home _____ Cell _____

Email Address _____

Please send registration along with payment in full to:

Artemisia's Garden

PO Box 345

Sperryville VA 22740

Please feel free to email us if you have questions: artemisiastgarden@copper.net