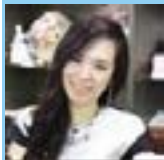




Mega-Atlantic Porcelain School Registration Form

A 3-day School Featuring 16 Internationally Known
Porcelain Art Teachers from Around the World

Dates: August 13th-15th, 2018 **Hours: 9:00am-5:00pm**



Included in the price of **\$600.00 per student** is a three-day class, breakfast, lunch, a daily snack, and firing. (Porcelain, lodging, dinner and supplies are not included in the price.)



Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ On Facebook: Yes / No _____

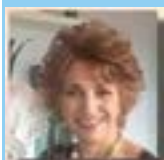
CHECK if you are an: IPAT member: _____ Guest: _____ Booth Holder: _____ Board Member/Officer: _____



- Each class is limited to 10 students per teacher. Please submit your registration as quickly as possible before the class you want is full.
- Please indicate your first, second, and third choice of class by marking a **1, 2, or 3** in the box next to the teacher's name.

1,2,3

1,2,3



PETER FAUST (Switzerland)	<input type="checkbox"/>
PATRIZIA ARVIERI (Italy)	<input type="checkbox"/>
ULISSES CAMPANELLI (Brazil)	<input type="checkbox"/>
NANCY BENEDETTI (USA)	<input type="checkbox"/>
CHERRYL MEGGS (USA)	<input type="checkbox"/>
ROSEMARI BORGES (Brazil)	<input type="checkbox"/>
NELIA FERREIRA (Venezuela)	<input type="checkbox"/>
NATHALIE TURPIN (France)	<input type="checkbox"/>

HARUN ASCHRAFI (Switzerland)	<input type="checkbox"/>
BEATRIZ RAMIREZ (USA)	<input type="checkbox"/>
MICHAEL TURNER (USA)	<input type="checkbox"/>
CLELIA ALMEIDA (Brazil)	<input type="checkbox"/>
MARTIZA GONGORA (Venezuela)	<input type="checkbox"/>
ALINE KOYESS (Lebanon)	<input type="checkbox"/>
MARIAPAOLA MARCHETTI (Italy)	<input type="checkbox"/>
MIN HEE HA (S. Korea)	<input type="checkbox"/>

PLEASE MAKE CHECKS PAYABLE TO IPAT AND MAIL CHECK & FORM TO:

Tana Parks, IPAT Treasurer
PO Box 700721
Tulsa, OK 74170

FOR ADDITIONAL INFORMATION CONTACT:

Ida Yu, IPAT School Chairman, at
idaporcelain@gmail.com
Dolly Chu at dollychulee@hotmail.com

TO PAY WITH CREDIT CARD:

Account #: _____ Exp. Date: _____ 3- digit Code: _____

Cardholder Name: _____ Billing Zip Code: _____

Cardholder Signature: _____ Date: _____

