

Scientific Illustration & Nature Journaling Workshop

Workshop Registration Form

Print this sheet and mail to the address below

Name: _____ **E-mail:** _____

Phone: (day) _____ (evening) _____

Address: _____

For internal use: Received date: _____ Confirmation date: _____
Lodging/Meals confirmation date: _____

Lodging:

Bunkhouse-style housing is available at a cost of \$5/night for persons affiliated with SUNY-ESF and \$10/night for persons not affiliated with SUNY-ESF. Bunkhouses accommodate 6-8 people. Bedding is NOT included. Bunkhouses do not contain kitchen or bathroom facilities, but shower and bathroom facilities are within short walking distance.

Meals:

Serve-yourself meals are available at our dining hall. Typical breakfast foods include bagels with cream cheese, English muffins, cereal, milk, juice, coffee, and tea. Pack-your-own lunch is available at breakfast. Typical lunch foods include sandwich fixings, chips, fruit, and cookies. Typical dinner foods include a hot entree, side item, and dessert. Costs are \$10 for breakfast/lunch and \$15 for dinner.

For information about other lodging options in the area, visit:
<http://www.esf.edu/aec/facilities/otheraccommodations.htm>

Fees:

Instruction: \$ 150

Housing/Meals (check all that apply):

Friday, July 10

Lodging (\$5 ESF/\$10 non-ESF) \$ _____

Dinner (\$15) \$ _____

Saturday, July 11

Lodging (\$5 ESF/\$10 non-ESF) \$ _____

Breakfast/Lunch (\$10) \$ _____

Dinner (\$15) \$ _____

Sunday, July 12

Lodging (\$5 ESF/\$10 non-ESF) \$ _____

Breakfast/Lunch (\$10) \$ _____

Dinner (\$15) \$ _____

Total \$ _____

Send your registration by May 29. Spaces are limited and will be filled on a first-received basis.

Payment Method (Do not send cash)

Check - make payable to "Adirondack Ecological Center"

Credit Card - fill out the information below

Send this registration sheet and payment to:

Adirondack Ecological Center

6312 State Route 28N

Newcomb, NY 12852

Attn: Kathy Poulton

Account to be paid: Adirondack Ecological Center

Name of cardholder as it appears on the card: _____

Address of cardholder: _____

Telephone number of cardholder: _____

Account number on the card: _____

Effective and/or expiration dates: _____

Bank name holding the account: _____

Amount to be charged: _____

Signature of the cardholder: _____