



Registration

Photo by Nathan J. Shaulis

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Alternate (work/cell)#: _____

Email: _____

How did you hear about PGC? _____

Course Title	Dates	Cost
First Choice:		
Second Choice:		
Third Choice:		

I am applying for a high school scholarship

I am applying for a summer scholarship

Scholarship applicants should include payment for the registration fee only until notification.

For Fall/Winter/Spring Courses and Workshops:

Registration Fee	\$10
Subtotal	
Membership (optional)	
Total	

For Summer Intensives:

Registration Fee	\$40
Meal Plan \$50/wk (optional)	
Membership (optional)	
Total	

PAYMENT

__ Visa __ Mastercard __ American Express __ Discover __ Check/MO
 Account #: _____ Exp. _____

Payment is due at time of registration. Checks must be made payable to Pittsburgh Glass Center. Checks returned for non-payment will result in a \$20.00 processing fee, which must be paid by the first class.

Mail: Registration, Pittsburgh Glass Center, 5472 Penn Avenue, Pittsburgh, PA 15206

Fax: 412.365.2140 **Phone:** 412.365.2145

www.pittsburghglasscenter.org