

2012 REGISTRATION FORM

Your deposit is required in order to reserve your space.

Your Name: _____
(Write your name as you wish it to be printed on your certificate & letter of recommendation.)

Social Security Number: _____
(This is so we can complete the tax form, 1098-T, for you-)

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

	COURSE NAME	Pymt Amt	COURSE DATE(S)	D / E
	Floristry 1 - Basic Design			
	Floristry 2 - Advanced Design*			
	Floristry 3 - Int'l Design Trends*			
	Floristry 4—Masters Class*			
	Introduction to Special Events			
	Wedding/Celebration Design*			
	Today's Tribute Designs*			
	Permanent Botanical Design*			
	Ceremony Decorations*			
	Potter's Bench Profits*			
	Corsages & Boutonnieres*			
	Bridal Bouquets*			
	Business Basics*			
	Holiday Design I, II, or III*			
	Hands-on-Wednesdays*			
	TOTAL ENCLOSED:	\$		

*** = Pre-requisite: Floristry 1 - Basic Design**

For Pre-registration, you may pay either the \$100.00 deposit or the full balance due.

-Make checks payable to: Institute of Floristry Mail checks to: 2407 East Hennepin Avenue, Mpls, MN 55413

-We can take your course registration over the phone via Visa, MasterCard or Discover.

Call (612) 362-3133 or (800) 298-0495 x133

**** Senior Citizens (age 60) receive a 20% discount ** Fax 612-331-5066**

Please mail me a map with driving directions.

I am working toward the Diploma of Floral Arts and Sciences.

Please send me hotel information.

Photo Release Form

I hereby grant Koehler & Dramm's Institute of Floristry permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Koehler & Dramm's Institute of Floristry and will not be returned.

I hereby irrevocably authorize Koehler & Dramm's Institute of Floristry to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Koehler & Dramm's Institute of Floristry's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Koehler & Dramm's Institute of Floristry from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

I am the parent/guardian of a minor student attending Koehler & Dramm's Institute of Floristry and give permission for my child's image to be used by Koehler & Dramm's Institute of Floristry. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Minor's Name) (Date)

(Parent/Guardian's Name) (Date)