



Shift Delete Workshop

First Name	Last name
Phone Number	Email address
Mail Address	

Please complete your preferred method of payment.

- Check Enclosed (make check payable to Noa Ronen)
 Pay Pal (account name: noaronen1@gmail.com)

Amount:

You can use only one option

<input type="checkbox"/>	Early Bird until 11/1 get 30% off	\$105
<input type="checkbox"/>	Pay fully 11/2	\$150
<input type="checkbox"/>	Bring a friend 20% off for you and your friend	\$127

Please sign here to indicate that all of the above information is accurate and complete: (All information below **must** be completed to process registration)

Please note that there are no refunds after November 8th.

Print Name	Date	Signature