

HISTORIC AUGUSTA, INC
Preservation for Profit Registration
March 30, 2017
9:00am-12:00pm

Name: _____
(First) (Middle) (Last)

Address: _____

Home Phone: _____ **Business Phone:** _____

Email Address: _____

LOCATION OF WORKSHOP: _____ Historic Augusta, Inc. 415 Seventh Street, Augusta, GA

Payments may be made by personal check, cash, money order, MasterCard, Visa or American Express.

Payment by:

- Check (payable to Historic Augusta) or
- MasterCard
- Visa
- American Express

CARD NUMBER _____

EXPIRATION DATE _____ BILLING ZIPCODE _____ CVV # _____

SIGNATURE _____

DATE _____

Return this application with your payment of \$50.00.
Registration includes the cost of all materials.

Application Date

Applicant's Signature

Return Completed Application and Payment to:

Historic Augusta, Inc.
PO Box 37
Augusta, GA 30903
or
FAX 706-724-3083
Or

robyn@historicaugusta.org