

## He♥rt-Head Publishing

P.O. Box 1741, Huntersville, NC 28070 (704) 728-7050 – Phone (704) 439-271 – Office/Fax info@heartheadpublishing.com ♥ www.heartheadpublishing.com



## KLEENE Spirit Writing Workshop Agreement

Contact's Name: Address:				
E-mail: Phone #: Estimated Participant Co Proposed Workshop Da		Age (s) of part		
	responsible to inform Tia Capers of the of my scheduled workshop via ax (704-439-2731).		•	
<b>Deposits</b> A minimum of 50% depo	osit of quoted fees are required to	schedule workshop.		
□ Check Number	in the amount of \$	is enclosed.		
□ To confirm my worksh	op reservation, my credit card info Visa MasterCard Am			
Cardholder's name as lis	ted on card:			
Card Number: Expiration Date:				
five (5) days prior to my scheduled workshop, I u	cancel my workshop and contract scheduled workshop. If written no nderstand that my deposit check inted will be charged to my credit can	otice is not given at l s non-refundable or	east five (5) days prior to	my
MasterCard, American E	ceived upon completion of the wo xpress and Discover card. I wish to use the credit card list  I will be using another form of	ted above for final p	ayment. al charges.	sh, Visa,
I have read and agree to	all terms listed on this confirmation	on.		
Signature	Please Print Name		Date	
	onfirmation should be sent to you Spirit Writing Workshop on			

Tia Capers, Workshop Facilitator Heart-Head Publishing (704) 728-7050