

Registration Form

Chicago School of Flower Design

chicagoflowerdesign.com

636 N. Orleans, Chicago, Il 60610 877-322-5666 fax 414-562-9010

Date: _____ Source: _____

Name: _____

Address: _____
Street City State Zip

Day Telephone: (____) _____ Evening Telephone: (____) _____

E-Mail Address: _____

Please Check Class In Which You are Enrolling:

____ 8- Week Class- Tuition \$2300.00

____ 4- Week Class- Tuition \$1,400.00

____ Introductory Class- Tuition \$450.00 (first 3 sessions of 8- Week Class)

____ 1- Subject Class- Tuition \$200.00 (Subject Name: _____)

____ Days (1-4 p.m.) _____ Evenings (6-9 p.m.)

(Tuition includes Refundable Enrollment Fee of \$150.00)

Class Start Date: _____

Tuition Total: \$ _____

Check Number: _____

Credit Card: _____
Credit Card Number Expiration Date

Signature: _____ Date: _____

Cancellation Policy: Student has three (3) business days from above date of registration to cancel enrollment. Any tuition payment received will be returned if Milwaukee School of Flower Design receives written notice of cancellation by _____.

Note: The taking of videos or sound recordings during scheduled classes is not allowed. Duplication of distributed curriculum without permission of the school director is not allowed.

Please mail all enrollments, payments, etc. to:
Chicago School of Flower Design, 1718 N. 1st St. Milwaukee, WI 53212

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