

Come To A Painting Party

Golden Triangle Decorative Painters 22nd Annual Retreat

October 14-17, 2010

Mail Registration Form to: Rosemary Habers, 539 Chadwick Street, Sewickley, PA 15143
 Telephone: 412-741-5158 E-mail: habersr1@aol.com

Make checks Payable to GTDP. Please include a stamped self-addressed envelope for confirmation of classes

Room & Meals: Thurs –Sun (3 nights) \$330 - private room \$240 - 2 people/ room \$210 - 3 people/room \$200 – 4 people/room
 (price per person) Fri – Sun (2 nights) \$250 - private room \$190 – 2 people /room \$170 - 3 people/room \$155 - 4 people/room

Registration Fee: \$40–GTDP & MDA Members: \$45–Non-Member. After 09/19/09, \$45–GTDP & MDA Members: \$50– Non-Member
 Includes: Thursday night snack, Saturday Social, Sunday Banquet Luncheon and Hospitality Room.

Cancellations: Cancellations made after September 19, 2009 will be charged a cancellation fee of \$20 and will be responsible for selling their classes or getting the projects.

The cost of the class consists of the following two (2) fees:

- (1) **Class Fee:** 4 hour class - \$12 for Members \$13 for Non-Members
 6 hour class - \$18 for Members \$19 for Non-Members
- (2) **Project Fee::** Fee includes paint, surface, picture, pattern and instructions. Fee paid to the teacher

On the form below, please indicate a first choice and if desired, a second choice. Full refunds are made for classes cancelled due to insufficient enrollment. Classes with space still available may be purchased at the retreat. Sales will be handled at the Class Sales Table

1 st Choice	Fees	2 nd Choice
Thursday, Oct 14 Class _____ 4 hr Teacher _____	Class fee _____	Class _____ Teacher _____
Friday, Oct 15 Class _____ 6 hr Teacher _____	Class fee _____	Class _____ Teacher _____
Friday, Oct 15 Class _____ 4 hr Teacher _____	Class fee _____	Class _____ Teacher _____
Saturday, Oct 16 Class _____ 6 hr Teacher _____	Class fee _____	Class _____ Teacher _____
Saturday, Oct 16 Class _____ 4 hr Teacher _____	Class fee _____	Class _____ Teacher _____
Sunday, Oct 17 Class _____ 4 hr Teacher _____	Class fee _____	Class _____ Teacher _____

Name _____	Registration: \$ _____
Address _____	Room: \$ _____
City/State/Zip _____	Class Fees: \$ _____
Telephone _____	Booklet Fee: \$ _____
E-Mail _____	Total: \$ _____
Dates Attending: _____	Paid to date: \$ _____
I will be rooming with _____	This Payment: \$ _____
Same room as last year Yes _____ No _____ Room No. _____	Total Amount due \$ _____
Would you like to be a Monitor? Yes _____ No _____	

Signature _____ Date _____

The art of decorative painting uses products that may cause adverse reactions in those with sensitivity. While attending the retreat we ask you to use your own judgment as to the classes you are able to attend. GTDP assumes no liability for these product

