

INTERNATIONAL QUILT MARKET FALL 2012

P.O. BOX 59580, AUSTIN, TX 78763 • FAX: 1-512-377-4001 INFO LINE: 1-512-407-9185

NOTE: Enrollment instructions are contained on the page 17. This form must be received by September 28,

to take classes, etc. or October 15 for Buyer's Admission Only. Your enrollment and attendance is agreement to the LIABILITY WAIVER AND INDEMNIFICATION AGREEMENT contained in the catalogue.

Your signature is required here: _____

INFORMATION ABOUT YOU. If the information on mail panel is wrong, correct here. Use block letters. Avoid edge of box to permit computer scanning.

LAST Name _____ FIRST Name _____
 Business Name _____
 Business Address _____
 City _____ Province/State _____
 Country _____ Postal Code _____ Phone _____
 E-mail _____ Fax _____
(COUNTRY CODE/CITY CODE/NUMBER)
(COUNTRY CODE/CITY CODE/NUMBER)

Classification PLEASE CHECK ONE FROM EACH LINE:

Type of Business/Store Quilt Fabric Craft Gift Cottage Industry Wholesale Distributor Other _____
Your Position Owner/President Manager/Buyer Store Employee Teacher Sales Representative Designer Other _____

	A. Thurs. 10/25	B. Fri. 10/26	C. Sat. 10/27	D. Sun. 10/28	E. Mon. 10/29	G. Other
Morning Sessions (Start between 8:00-11:00 a.m.)	1. _____ \$ _____ 100. Historic Galveston Tour OR 101. Texas Quilt Museum Tour	1. _____ \$ _____ Seminars 200-201 1. _____ \$ _____ Seminar 202 1. _____ \$ _____ Schoolhouse Series 205 or 206	1. _____ \$ _____ 2. _____ \$ _____ Seminars 300-301; Take & Teaches 305-309, 312-326	1. _____ \$ _____ 2. _____ \$ _____ Seminar 400-401; Take & Teaches 405-426	1. _____ \$ _____ 2. _____ \$ _____ Seminars 500-501 Take & Teaches 505-506; 509-517	_____ \$25 Buyer Admission Fee (Required to attend Market) _____ \$15 Optional Pin & Tote Fee
Evening Sessions (Start 4:00 p.m. or later)	A. \$ _____	1. #210 _____ \$ _____ Seminar 210 1. #215 _____ \$ _____ Sample Spree	1. _____ \$ _____ 2. _____ \$ _____ Seminars 330-331	1. #430 _____ \$ _____ Seminar 430	F. Tues. 10/30 all day 1. #600 _____ \$ _____ Texas Quilt Museum Tour	E. \$ _____ F. \$ _____ G. \$ _____

Check in U.S. Dollars Drawn on a U.S. Bank (Refer to enrollment instructions on the reverse side of this form) **Check #** _____ **Amount \$** _____ **Enter Grand Total Here**
 or Visa MasterCard American Express Discover **(A+B+C+D+E+F+G)=** \$ _____
 Credit Card Number: _____ Expiration Date: _____
 Block print or type name as it appears on credit card: _____
 Your signature to charge: _____ Credentials submitted with form(s)