

KILLERINSTINCT Registration

For Mail In

KillerInstincts for (month) _____ (title) _____
Check one: I am _____ I am not _____ a current member of KOD
Name: _____
Email address: _____ (to be used for workshop)
Payment enclosed: _____

NOTE:

****CUT-OFF DATE FOR REGISTRATION IS
the 27th day of the month PRIOR to the start of COFFIN class,
i.e. beginning COFFIN workshop date, January 1, cut-off date for registration, December 27.****

I understand that admission to the workshop depends on receipt of this form and payment fee before the cut-off date for the workshop chosen. If the payment fee is received AFTER the cut-off date, the payment fee will be returned or applied to another workshop of my choosing.

PLEASE ALSO NOTE: NON-US RESIDENTS MUST PAY BY BANK MONEY ORDER ONLY. - CHECKS OR POSTAL ORDERS WILL BE RETURNED.

FOR KILLERINSTINCTS WORKSHOPS - Make checks payable to "Kiss of Death" and mail to:

**Jeannie Eddy
P.O. Box 105501
Jefferson City, MO 65110**

NOTE: you will receive an INVITATION to join the group from Yahoo!Groups and you MUST reply to it in order to take the course.

<http://www.rwamysterysuspense.org/coffin.php>