



**Byzantine Iconography Workshop**  
**Registration Form**  
Diakonia Center, Salem, South Carolina

**Level:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Church:** \_\_\_\_\_

**Briefly describe your art experience:**

**Emergency Contact:**

Name	Phone	Relation

**Please indicate any food allergies or specific concerns:**

\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_