



## Iconography Workshop & Retreat

May 8- 12, 2017

St. Philothea Greek Orthodox Church

Watkinsville, GA 30677

### Registration Form (2 pages)

|                          |                    |
|--------------------------|--------------------|
| <b>Name:</b>             |                    |
| <b>Address:</b>          |                    |
|                          |                    |
| <b>City, State, Zip:</b> |                    |
| <b>Phone:</b>            | <b>Cell Phone:</b> |
| <b>Email:</b>            |                    |

|   |       |          |
|---|-------|----------|
| Emergency Contact:  | Phone | Relation |
| Food Allergies and/or Special Needs:  |       |          |
|   |       |          |
| <b>Cost for Instruction, All Materials, Reference Binder and Lunch Daily:</b>   |       |          |
| <input type="checkbox"/> \$475  |       |          |
| <b>Payment Information:</b>   |       |          |
| <b>Deposit:</b> \$175 Non-Refundable  |       |          |
| <b>Balance Due:</b> Final balance due by April 30, 2017   |       |          |
| <b>Cancellation Policy:</b> In the event that you must cancel your registration the following terms apply.  |       |          |
| <ul style="list-style-type: none"> <li>• Cancel before April 15 - all but the \$175 deposit will be refunded back to you.</li> <li>• Cancel after April 15 - all but \$275 will be refunded</li> <li>• If the class does not "make" or we cancel for unforeseen events you will be refunded in full.</li> </ul> |       |          |
| <b>Payment options:</b>   |       |          |
| <ul style="list-style-type: none"> <li>• Check or Credit Card or Online Payments</li> </ul>   |       |          |
| <b>Accommodations-</b> You may check with Marriott Springhill Suites (ask for the "Catch Rate") or Ashford Manor Bed & Breakfast in Watkinsville.   |       |          |

|   |   |  |
|---|---|--|
| <b>Registration &amp; Payments</b>      |   |  |
| <input type="checkbox"/> Check enclosed | <input type="checkbox"/> VISA - MC - AMEX | <input type="checkbox"/> Paid at Website |
| Card #                                  |   |  |
| Name on Card                            | Expiration Date:                          | CCV:                                     |
| Amount paid: \$                         | Signature:                                |  |

**Briefly describe your interest in iconography and any experience you have:**

***THIS FORM MUST BE MAILED TO:***  
IMAGE AND LIKENESS ICONOGRAPHY,  
1169 OLD FARM ROAD  
WATKINSVILLE, GA 30677

**For more information contact: Presvytera Christine**  
Ph: (706) 310-1306  
Fax: (866) 646-8396  
Email: [info@imageandlikeness.com](mailto:info@imageandlikeness.com)  
Websites: [www.imageandlikeness.com](http://www.imageandlikeness.com)

More information regarding icon and materials, lodging and accommodations, and directions will be sent at a later date. We look forward to our week together at the Diakonia Retreat Center!