

Upper Midwest Body Art Conference

Registration Form

Name: _____

Agency/Studio: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Check one (make checks payable to NDEHA):

_____ Both days: 150.00

_____ Day one: 75.00

_____ Day two/blood borne pathogens class: 125.00

Mail registration to:

FDHU

Attn: Jayme Calavera

801 11 Ave SW

Minot ND 58703