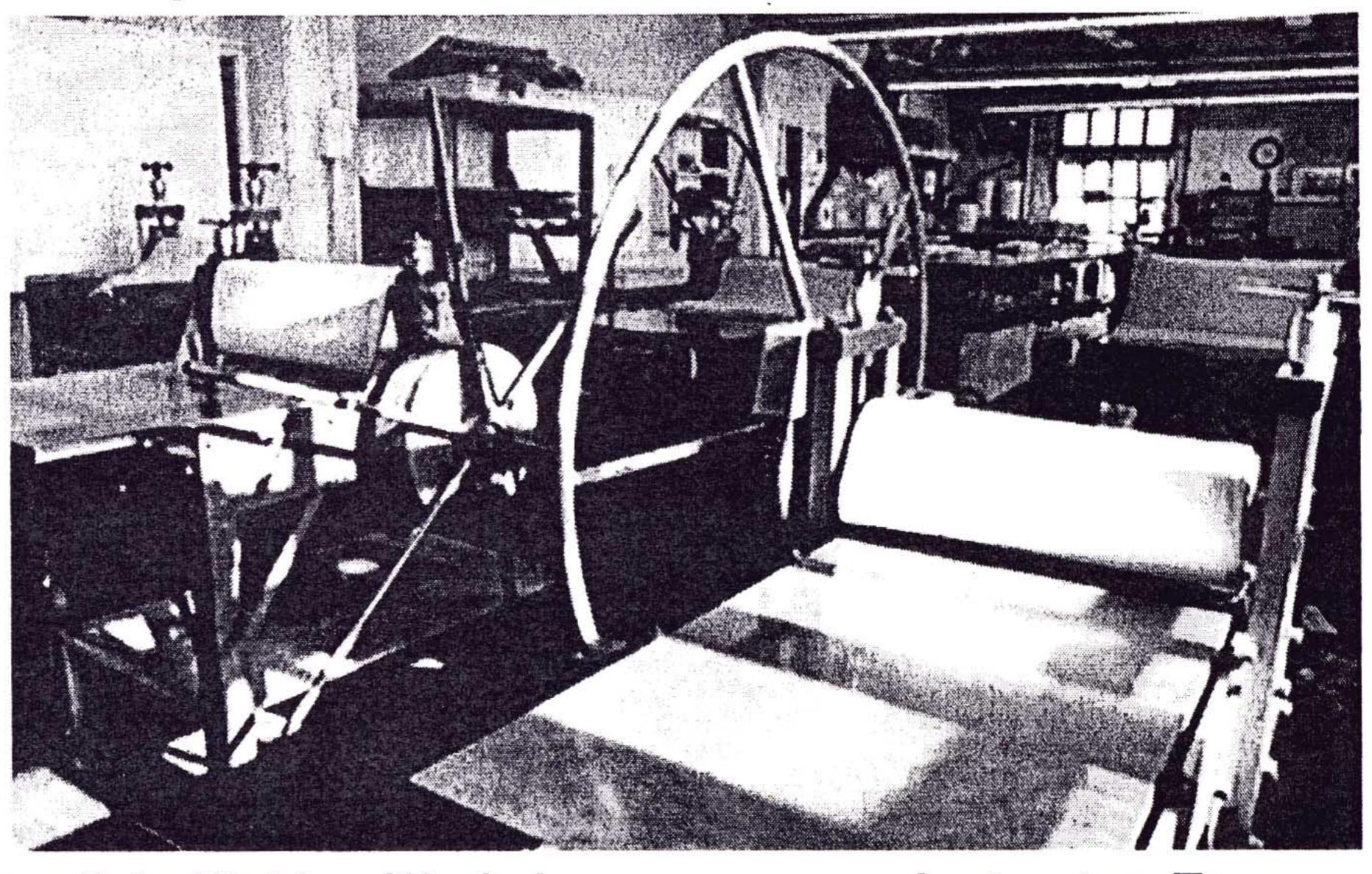
SPRING 2014

CITY COLLEGE OF SAN FRANCISCO CONTINUING EDUCATION

Visit the website and register on-line at www.ccsf.edu/contined

Printmaking

Etching workshop available to all levels. Basic instruction in intaglio techniques and fundamentals for beginners. Open studio and advanced topics for the more experienced.



Cls# AR922 Beginning / Intermediate Etching Workshop

Cost: \$305 Early Registriation: \$290 (Reg up to 1wk before)

Sat, 2/1 -4/19 Time: 9:00 AM - 1:00 PM FMB Rm. 208

Instructor: Toney

Mtl Fee: \$15

4 hrs per cls / 10 classes

Cls# AR923 Beginning Etching Workshop

Cost: \$280 Early Registration: \$265 (Reg up to 1wk before)

Tue, 2/11 - 4/22 Time: 6:00 PM - 10:00 PM FMB Rm. 208

Instructor: Eisenach

Mtl Fee: \$15

4 hrs per cls / 9 classes

CIs# AR924 Beginning Etching Workshop

Cost: \$230 Early Registration: \$215 (Reg up to 1wk before)

Wed, 2/19 - 4/23 Time: 1:00 PM - 4:00 PM FMB Rm. 208

Instructor: Staff

Mtl Fee: \$15

3 hrs per cls / 9 classes

Monoprinting at the Ocean Campus

CIs# AR921 Monoprint as a Unique Form of Expression

Cost: \$175 Early Registration: \$150 (Reg up to 1wk before)

Mon, 2/3 - 3/24 Time: 6:30 PM - 9:30 PM OCN Rm. V107

Instructor: Valesco

Mtl Fee: \$15

3 hrs per cls / 7 classes

Check here if you are a returning Continuing Education student.

Register Online!

To Pre-register by mail.

Use this form. Be sure to enclose your check or money order for the full amount - Payable to *CCSF*

Mail to:

Continuing Education
City College of SF
2 Marina Blvd - Bldg B
Fort Mason Center
San Francisco, CA 94123

FAX to: 415 561-1849 Office: 415 561-1860

Written request	ts for	refunds	must be	e made	7 days	prior	to start	of class.	A \$20	processin	g fee	will b	e deducte
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Continuing Education SPRING 2014 Registration Form Please include Name, Address, SSN, Phone # for each person enrolling

Name Student ID #

Address

City_____ State____ Zip_____
Phone (H) (W)

Email address_____(please print clearly)

CLASS# CLASS NAME DATES

New __Returning Student(s) No. of Persons Enrolling ___ Total ____

Check OVISA oMasterCard Credit Card #

Signature ____ Expiration Date ____