



THIENEMAN'S

HERBS & PERENNIALS

9120 Blowing Tree Road • Louisville, Kentucky 40220

CLASS REGISTRATION

(Please print clearly)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (Daytime) _____

I am interested in:

CLASS TITLE:

DATE:

COST:

TOTAL:

All classes must be prepaid in full. If you need to cancel after registering, please be kind enough to notify us as early as possible so that someone else can fill your spot. Your full class fee will be refunded only if we receive your cancellation notice two days prior to your scheduled class. Thank you!

Method of payment (Please circle one):

Check or money order

MasterCard

Visa

AmEx

Discover

Your card number: _____ Exp. date MO/YR: ____/____

Signature: _____

Please make checks payable to:

Thieneman's

If you'd prefer, you can fax credit card registration to:

502-493-0029

and mail to: **9120 Blowing Tree Rd.**

Louisville, KY 40220

Attn: Peggy or Julie

Thank you - We're looking forward to seeing you!