



Specialty Tea  
Institute

## STI TEA CERTIFICATION SEMINARS

STI Tea Certification Courses ~ Foundations of Tea Levels 1 & 2

June 23rd & June 30th, 2019

The Cultured Cup: 13731 Omega Rd.,

Dallas, TX 75244

### ATTENDEE REGISTRATION FORM

You may submit your registration any one of the following ways:

- Via Email:** After completing below requested information, save the document to your desktop. Compose an email and attach the saved document. Send to: [ekaraboitis@teausa.org](mailto:ekaraboitis@teausa.org)
- Via Fax:** After completing the below requested information, print this form and fax it to: **(212) 697-8658**.
- Via Postal Mail:** After completing the below requested information, print this form and mail it to:  
Tea Association of the USA  
362 Fifth Avenue, Suite #1002  
New York, NY 10001

Name				Position		
Tel			Fax			Email
Company						
Address					City	
State		Zip			Country	
Additional Registrants:						

<b>FEES:</b>	<b>STI MEMBER RATES</b>	<b>NON-STI MEMBER RATES</b>
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<b>*Must Be a Current 2019 STI Member to Register for STI Rate or Apply To Be a Member to Receive Discount!</b>	
<input type="checkbox"/> Level One \$400 per person	<input type="checkbox"/> Level One \$500 per person
<input type="checkbox"/> Level Two \$400 per person	<input type="checkbox"/> Level Two \$500 per person
<input type="checkbox"/> Level One & Two \$675 per person (2 Days)	<input type="checkbox"/> Level One and Two \$875 per person (2 Days)
*All Students Must have successfully completed Levels 1 & 2 to take Level 3 Classes!	

<b>PAYMENT INFORMATION:</b>	STI Member?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Total Payment:	US \$	Payment Type:	<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card
Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Credit Card #:		Exp Date:	Month Year
CVV Number:	Enter the 3 to 4 digit code located on the back signature strip of your credit card. For AMEX, the CVV number is located on the front right, above card number.		
	<b><u>Billing Address of Credit Card if different than address above:</u></b>		
	Name: _____		
	Address: _____		
	City, State, Zip: _____		
	Telephone #: _____		

### **IF PAYING BY CHECK, PLEASE MAKE CHECK PAYABLE TO: TEA ASSOCIATION OF THE USA**

How did you hear about this event (please circle): Our website/The Cultured Cup/ Other (please specify) \_\_\_\_\_

### **SEMINAR INFORMATION**

#### **Foundations of Tea: Level One:**

Sunday, June 23<sup>rd</sup>  
8:30AM - 5:30PM

#### **Foundations of Tea: Level Two:**

Sunday, June 30<sup>th</sup>  
8:30AM - 5:30PM

#### **SPECIALTY TEA INSTITUTE**

362 Fifth Avenue, Suite #1002, New York, NY 10001

Tel: 212-986-0250 / [www.teausa.org](http://www.teausa.org)

**Registration Information:** Ellainy Karaboitis ~ [ekaraboitis@teausa.org](mailto:ekaraboitis@teausa.org)