

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

School: \_\_\_\_\_

Teaching Role:

- Primary Classroom Teacher       Music Teacher       Performing Arts Teacher  
 Principal/Deputy Principal       Student Teacher       Other: \_\_\_\_\_

Which Workshop/s do you wish to attend? (tick all that apply)

- Start or Revive Your School Choir (Friday 17 February, 9.30am - 3.30pm, \$200)  
 Fun and Easy Dance (Tuesday 1 May, 4.30 - 6.30pm, \$65)  
 Music for Your Classroom (Friday 3 August, 9.30am - 3.30pm, \$200)  
 Confident Conducting for Confident Choirs (Tuesday 16 October, 4.30 - 6.30pm, \$65)

Where did you hear about the PD Workshops? \_\_\_\_\_

Contact Details:

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Lunch will be provided at the full day workshops. Please list any food allergies or dietary requirements:

Preferred method of contact for confirmation details :

- POST    or     EMAIL

PAYMENT METHOD (Credit Card Preferred):       CHEQUE    or     CREDIT CARD     Please invoice my school

CREDIT CARD DETAILS       VISA    or     MASTERCARD

          

Card Holder's Name: \_\_\_\_\_

Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Amount: \$ \_\_\_\_\_      Signature: \_\_\_\_\_

**Refund Policy** – please note that if ASPA is advised of cancellation up to two weeks prior to the program a 50% refund will apply, otherwise a refund will only apply if inability to attend is due to illness and a doctor's certificate is provided.

The information on this registration form is required to process your registration for the a3 – Australian Arts Alive Professional Development Workshops. This information is subject to professional confidentiality and will not be disclosed to any third party except as required by law or for fee collection purposes. Australian School of Performing Arts may use photographs, audio and video recordings of me participating in programs in promotional material. Further information can be obtained from the ASPA privacy policy available upon request.

Name \_\_\_\_\_      Signature \_\_\_\_\_

Please return this form with full payment to our Head Office

Australian School of Performing Arts

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