

**WISCONSIN CENTER FOR MUSIC EDUCATION
WORKSHOP REGISTRATION FORM**

Name _____

Street Address _____

City _____

Zip Code _____

School District _____

E-mail Address *(primary method of contact for workshop information - check here if you would prefer information by mail)*

Daytime Telephone Number _____

Evening Telephone Number _____

Membership number (WMEA, MENC, WSMA School) _____

Please indicate the workshops you would like to register for (attach additional forms if necessary):

Workshop Date	Workshop Title and Location (if applicable)	Workshop Fee**

REGISTRATION TOTAL

\$ _____

*** All workshops have a discount for members (WMEA, MENC or staff in WSMA member schools). Some workshops also have graduate credit options available for an additional fee. Please see the individual workshop descriptions at http://www.wsmamusic.org/center/continuing_ed/workshops.html for details and specific deadlines.*

Cancellation/Refund Policy

Cancellations received 10 days before each workshop start date entitle the participant to a full refund minus a \$20 cancellation fee. No refunds will be made for cancellations less than 10 days before the workshop.

Publicity

By registering for this workshop, the registrant gives permission for any photograph or video recording of themselves, made while participating in the workshop, to be used for publicity purposes by WSMA or WMEA. Participants may opt out by sending an email to tfelton@wsmamusic.org. In addition, quotations from workshop evaluations or summaries may be used for similar purposes. If the source of the quotation is identified, WSMA staff will request permission before printing or publishing participant statements. For anonymous evaluation statements, permission to reproduce is implied.

Payment Method:

School Purchase Order

Name of School _____

Purchase Order Number _____

School Address _____

City _____

State _____

Zip Code _____

Check Enclosed (payable to WSMA)

VISA

Master Card

Credit Card Number _____

Expiration Date _____

Signature (Required) _____

Date Signed _____

**MAIL TO: Wisconsin School Music Association • 1005 Quinn Drive • Waunakee • WI • 53597
FAX TO: 608-850-3515**