

Wisconsin School Music Association and Wisconsin Music Educators Association Workshop Registration Form

Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Membership Number: (if applicable) _____

School District: _____

Please indicate the workshops for which you'd like to register:

Workshop Date	Workshop Title	Workshop Fee

Registration Total: \$ _____

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. Virtual workshops have no refund. Instead, workshop recording and class resources will be shared.

Publicity

I understand that Wisconsin School Music Association, Inc. (WSMA) intends to make photographs and audiovisual recordings of activities; that my name, portrait, voice, or picture may appear in such photographs and recordings; and that WSMA may use such photographs and recordings for purposes of advertising or trade. I understand that WSMA cannot control the making or use of photographs or recordings by third parties, and I expressly release WSMA from any/all liability associated with any uses of my name, portrait, voice, or picture by any person or entity other than WSMA. Participants may opt out by sending an email to lfellenz@wsmamusic.org.

Payment Method:

School Purchase Order
 Name of School: _____ Purchase Order Number: _____
 School Address: _____
 City: _____ State: _____ Zip: _____

Check Enclosed (Make payable to WSMA)

Visa or MasterCard
 Card Number: _____ Expiration Date: _____
 Signature (required): _____ Date Signed: _____

Mail this form and payment to: Wisconsin School Music Association 1005 Quinn Dr. Waunakee WI 53597