Inspiration for Teachers 2017 APPLICATION FORM

Name	Email		
Address	City	Prov Postal Code	
Phone (work)	Phone (home)	Fax	
Allergies and Food Requirem	ients		
T-shirt size (if unsure, select	smaller size) 🗆 S 🗆 M 🗆 L 🗆 XI	L 🗆 2X 🔲 3X	
□ I'd like to attend for acad	emic credit (fee to be determined—w	ve will contact you)	
□ I'd like more information	on attending for academic credit		
\Box I am interested in having	a half-hour private voice lesson (\$25 j	payable at lesson)	
Current teaching/conducting	g position		
Where did you hear about Ir	spiration for Teachers and Singspirat	tion?	
]Mon. – Sat. eck one) □ Mon.–Wed. OR □ Wed (check one) □ M □ T □ W □		
Through Jun		ĴST	
\Box I'd like to sing with Adult	Summer Choir (included at no extra c	cost with Option 1) Voice part \Box S \Box A	□т□в
Balance owing	(min. \$100) (due at check-in)		
Method of payment			
	payable to Concordia University of Ed	imonton)	
If paying by credit card, please	fax form to 780-474-1933 (secure fax). American Express		
Card number		Exp	
Name on card			
Phone number	Α	Amount	
Signature			
, -	at I have read and understood all info cordia University of Edmonton to use	ormation in the brochure. e photos and video containing my image in	n future
Signature	Date		
Please send application form Singspiration c/o Concordia	n with payment to University of Edmonton, 7128 Ada Bo	oulevard NW, Edmonton AB T5B 4E4	

Fax 780.474.1933 Phone 780.479.9304 singspiration@concordia.ab.ca