## Inspiration for Teachers 2018 REGISTRATION FORM

Name	Email		
Address	City	Prov	_ Postal Code
Phone (work)	Phone (home)	Fax	
Allergies/Food Requirer	ments (for snack prep)		
T-shirt size (if unsure, so	elect smaller size) $\Box$ S $\Box$ M $\Box$ L $\Box$ XL [	□ 2X □ 3X	
$\Box$ I'd like to attend for	academic credit (fee to be determined—we	will contact you)	
□ I'd like more informa	ation on attending for academic credit		
$\Box$ I am interested in ha	aving a half-hour private voice lesson (\$25 pa	yable at lesson)	
Current teaching/condu	ucting position		
Where did you hear abo	out Inspiration for Teachers and Singspiratior	ויייי	
• •	ek □ Mon. – Sat. s (check one) □ Mon.–Wed. OR □ Wed.– day (check one) □ M □ T □ W □ T		
Through Option 1	\$240 🗆 \$260		
$\Box$ I'd like to sing with A	Adult Summer Choir (included at no extra cos	t with Option 1) V	′oice part 🗆 S 🗆 A 🗆 T 🗆 B
Balance owing	– (min. \$100) (due at check-in)		
Method of payment			
	rder (payable to Concordia University of Edmo olease fax form to 780-474-1933 (secure fax)	onton)	
		Exp.	
	Am		
Signature			
•	ge that I have read and understood all inform r Concordia University of Edmonton to use pł		
Signature	Date		
Please send application Singspiration c/o Conco	form with payment to ordia University of Edmonton, 7128 Ada Boule	evard NW, Edmon	ton AB T5B 4E4

Fax 780.474.1933 Phone 780.479.9304 singspiration@concordia.ab.ca