

**ESSENTIALLY ELLINGTON DOWN UNDER 2017  
JAZZ WORKSHOP REGISTRATON FORM**

**SELECT YOUR CITY  
(Please tick)**

**Brisbane (Friday, 11<sup>th</sup> August 2017)**

**Perth (Monday, 14<sup>th</sup> August 2017)**

**Adelaide (Thursday, 17<sup>th</sup> August 2017)**

**Melbourne (Sunday, 20<sup>th</sup> August 2017)**

**Sydney (Wednesday, 23<sup>rd</sup> August 2017)**

**1. PERSONAL DETAILS** (please use BLOCK LETTERS)

Family Name:

Given Names:

Male

Female

Date of Birth

Day

Month

Year

Email:

Phone ( )

Mobile

Fax ( )

**2. CURRENT EMPLOYMENT/SCHOOLS**

Please indicate the high school/s you currently teach at:

Please indicate the jazz ensemble/s you currently conduct:

**3. JOINING OUR MAILING LIST?**

Would you be like to receive information about tertiary courses, live performances and further projects?

Yes

No

**4. DIETARY / MEDICAL REQUIREMENTS**

Please state any dietary or medical requirements:

**5. INVOICE FOR FEES**

Please provide an e-mail address for your school accounts to send the invoice for entry fee:

Registrations to be forwarded with by post or in person to:

**Jazz Music Institute**  
PO Box 2215  
Fortitude Valley QLD 4006

or  
47 Brookes Street  
Bowen Hills Qld 4006

T: 07 3216 1110  
[www.jazz.qld.edu.au](http://www.jazz.qld.edu.au)

F: 07 3216 1150  
[play@jazz.qld.edu.au](mailto:play@jazz.qld.edu.au)