

**ESSENTIALLY ELLINGTON DOWN UNDER 2018
JAZZ WORKSHOP REGISTRATON FORM**

SELECT YOUR CITY (Please tick)	Brisbane (Friday, 24 th August 2018)
	Perth (Monday, 27 th August 2018)
	Adelaide (Thursday, 30 th August 2018)
	Melbourne (Sunday, 2 nd September 2018)
	Sydney (Wednesday, 5 th September 2018)

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
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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:
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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

F: 07 3216 1150
play@jazz.qld.edu.au