

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

SELECT YOUR CITY (Please tick)	Brisbane (Friday, 24 <sup>th</sup> August 2018)
	Perth (Monday, 27 <sup>th</sup> August 2018)
	Adelaide (Thursday, 30 <sup>th</sup> August 2018)
	Melbourne (Sunday, 2 <sup>nd</sup> September 2018)
	Sydney (Tuesday, 4 <sup>th</sup> 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