

**ESSENTIALLY ELLINGTON DOWN UNDER 2019
TEACHERS WORKSHOP REGISTRATON FORM**

<p>SELECT YOUR CITY (Please tick)</p>	Brisbane (Saturday, 10 th August 2019)
	Sydney (Thursday, 15 th August 2019)
	Canberra (17 th August 2019)
	Melbourne (Monday, 19 th August 2019)
	Adelaide (Thursday, 22 nd August 2019)
	Perth (Saturday, 24 th August 2019)

1. PERSONAL DETAILS (please use BLOCK LETTERS)

Family Name: _____

Given Names: _____

Male	Female	Date of Birth	Day	Month	Year
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Email: _____

Phone ()	Mobile	Fax ()
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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

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