

## ESSENTIALLY ELLINGTON DOWN UNDER 2020 TEACHERS WORKSHOP REGISTRATON FORM

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|--|---|
| <b>SELECT YOUR CITY</b><br>(Please tick) | Sydney (Monday, 10 <sup>th</sup> August 2020)     |
|  | Brisbane (Friday, 14 <sup>th</sup> August 2020)   |
|  | Perth (Monday, 17 <sup>th</sup> August 2020)      |
|  | Adelaide (Thursday, 20 <sup>th</sup> August 2020) |
|  | Melbourne (Monday, 24 <sup>th</sup> August 2020)  |

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

|              |        |            |
|--------------|--------|------------|
| Family Name: |        |            |
| Given Names: |        |            |
| 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

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| Please state any dietary or medical requirements: |
|   |

### 5. INVOICE FOR FEES

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|---|
| Please provide an e-mail address for your school accounts to send the invoice for registration 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