



Workshop Registration

Last Name _____ First Name _____ Today's Date _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

School Name _____ School District/Private _____

School Address _____ City _____ State _____ Zip _____ School Phone _____

Home Email _____ School Email _____

Area(s) of Employment Early Childhood Elementary Secondary

 College Educator College Student Administrator

Do you hold Orff Certification? I II III

If so, please specify level.

Name of certifying institution _____

Are you a member of the American Orff-Schulwerk Association?
(Join AOSA at the first workshop for the special CTO rate of \$65)

	Non-Members	Members	Retired
Chapter Dues			
(Join CTO and enjoy member prices!)			
Workshop #1	\$40	\$20	\$5
Workshop #2	\$40	\$20	\$5
Workshop #3	\$40	\$20	\$5
Workshop #4	\$40	\$20	\$5
AOSA Dues: Join by the 1st WKS for special CTO rate		\$65	\$40

SPECIAL RATE: All four workshops for \$80 and chapter dues are FREE!

College Students are *free* with College ID

Total AOSA Dues	
Total CTO Dues	
Total Workshop Registration Fees	
Scholarship Donation	
TOTAL	

<i>OFFICE USE:</i>	<i>Payment</i>		<i>Paid</i>	1	2	3	4
	<i>Check No.</i>		<i>Attended</i>	1	2	3	4