

The Complete Choral Musician
June 27 – 29, 2007

Mail or Fax Registration Form

Please print

Method of payment: \$560

MR./MS.
NAME _____

Check/money order payable to *The Juilliard School*

ADDRESS _____

MasterCard Visa American Express

CITY/ STATE/ ZIP _____

ACCOUNT # _____

TELEPHONE (DAY) _____ (EVE) _____

EXPIRATION DATE _____

E-MAIL _____

AUTHORIZED SIGNATURE _____

SOCIAL SECURITY # _____ BIRTHDATE _____ (must be at least 18 years of age)

How did you learn of the workshop? _____

Please list your musical experience:

Please mail registration form with \$560 payment to:

The Juilliard School Evening Division
60 Lincoln Center Plaza
New York, NY 10023
OR
FAX to: (646) 505-4110

*** WORKSHOP LIMITED TO 50 PARTICIPANTS.
APPLICATIONS ACCEPTED ON A FIRST-COME FIRST-SERVE BASIS.**