

AWSO

ASSOCIATION OF
WISCONSIN SYMPHONY ORCHESTRAS

Registration Form

Friday, April 24, 2015

10:00 am – 4:30 pm

Sharon Lynne Wilson Center – Brookfield, WI

Registrant Information

Primary Contact _____

Orchestra/ Organization Affiliation _____

Address _____

City, State, Zip _____

Daytime phone number _____

Email address _____

Workshop Registration

Cost per person (including lunch) - \$40

Registrant Name

Registrant Title

Payment Information

\$ _____ Check enclosed (payable to Sharon Lynne Wilson Center for the Arts)

Credit card payment information (VISA or Mastercard)

Name on card _____

CC Number _____

Expiration _____ Security code _____

Signature _____

Please print, complete and return this form to:

Sharon Lynne Wilson Center for the Arts

Att: AWSO Registration

19805 W. Capitol Drive

Brookfield, WI 53045

OR

mcronin@wilson-center.com

I am interested in overnight accommodations, please contact me to discuss details.