



2012 One-Day Workshop

Registration Form

Saturday, February 25, 2012 — 10:00AM - 5:00 PM
Sharon Lynne Wilson Center for the Arts
Brookfield, WI

Registrant Information

Name(s) _____

Orchestra/Organization Affiliation _____

Address _____

City, State, Zip _____

Daytime Phone Number (_____) _____ - _____

Email _____

Workshop Registration (lunch included)

	Number of Registrants	Amount Due
Full-Day before February 17 (\$35)	_____	\$ _____
Full Day after February 17 (\$40)	_____	\$ _____

Payment Information

_____ Check enclosed (payable to The Wisconsin Philharmonic)

_____ Credit Card (Visa or Mastercard only)

 Name on Card _____

 Number _____

 Expiration Date _____ / _____ Security Code (on back) _____

 Signature _____

_____ I (we) will be attending the Pallavi Mahidhara* performance at the Wilson Center Friday Night, 8:00 PM

_____ I (we) will be attending the concert, *Gallic Delights*,* at the Wilson Center Sunday Afternoon, 3:00 PM

*Complimentary tickets available to both performances for all AWSO participants

Please print, complete, and return this form to:
The Wisconsin Philharmonic
234 W Main St. Suite 9
PO Box 531
Waukesha, WI 53187
Fax: 262-547-5447
Email: info@wisconsinphilharmonic.org