

SECTION A – AUDITOR INFORMATION

 Last Name (Family) First Name

 Address City Province/State Postal/Zip Code Country

 Phone Number Email

SECTION B – CLASS/WORKSHOP SELECTION

I would like to audit the following in conjunction with TBSI 2009:

- The entire institute (June 6-19) at \$525 CDN
- Individual days at \$ 65/day CDN
 Please indicate which day(s) if known:

- Individual classes at \$25/class CDN
 Please indicate which class(es) if known:

Date	Time	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION C – PAYMENT

	Cost	Quantity	Total
Entire Institute	\$525 CDN		= \$ _____
Single Day(s)	\$65/day CDN	x _____	= \$ _____
Single Workshop(s)	\$25/class CDN	x _____	= \$ _____
TOTAL AMOUNT OWING			\$ _____

I will be paying \$ _____ CDN by:

- Visa
- MasterCard
- Money Order
(In Canadian Funds)
- Cheque
(made payable in Canadian Funds to 'Tafelmusik')

If paying by credit card, please complete the following:

 Credit Card Number Expiry Date Cardholder Name

 Address City Province/State Postal/Zip Code Country

 Cardholder Signature

**PLEASE RETURN THIS FORM ALONG WITH PAYMENT TO:
 TAFELMUSIK BAROQUE SUMMER INSTITUTE
 427 BLOOR STREET WEST, TORONTO, ON M5S 1X7
 OR FAX TO 416-964-2782**