

Auditor Registration Form 2008



Jeanne Lamon, Music Director
Ivars Taurins, Director, Chamber Choir

Please complete and return with payment

NAME: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

I would like to audit the following in conjunction with TBSI 2008:

1. _____ **the entire Institute at \$475.00**

2. _____ **single day(s) at \$60.00/day** Total = \$ _____
(Please indicate number of days)

Please list day (s) if known

A) _____
B) _____

3. _____ **single class(es) at \$20.00/class** Total = \$ _____
(Please indicate number of classes)

Please list class(es) if known

	Date	Time	Title
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____

PLEASE INDICATE TOTAL AMOUNT OWING \$ _____
Please indicate deposit amount previously paid (if applicable) \$ _____

I will be paying this \$ _____ CDN payment by:
(please fill in amount remaining)

_____ CHEQUE (made payable in Canadian funds to 'Tafelmusik')

_____ VISA

_____ MASTERCARD

_____ MONEY ORDER (in Canadian funds)

If paying by credit card, please complete the following:

Credit Card No.: _____ Expiration Date: _____

Card Holder's Name: _____

Address: _____

City/Prov/State/Country/Postal/Zip Code: _____

Signature: _____

Please return this portion along with payment to:

Attn: Tafelmusik Baroque Summer Institute
Tafelmusik Baroque Orchestra and Chamber Choir
427 Bloor St W, Box 14 Toronto ON, M5S 1X7
Fax: 416-964-2782