

ENROLLMENT FORM

National String Instrument Repair Clinics July 26 – 30, 2009 Program #3702-10

Name _____

Address _____

_____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

Check this box if you do **NOT** consent to sharing your contact information on a participant roster made available to String Instrument Repair Clinics participants and faculty.

A. Enrollment Fee \$435

(Note: Early-bird fee of \$420 is available until April 1, 2009)

Please select your preferred track:

- Basic/Beginning String Repair
- Intermediate/Advanced String Repair
- Bow Repair
- Fretted Instrument Repair

B. Credit Options - Please check one of the following:

- 3.2 Continuing Education Units No additional fee
- Please send credit information Billed separately

NOTE: A non-refundable \$70 deposit will secure registration; the remainder due on arrival.
Housing and/or credit fees are billed separately and should not be included in this calculation.

C. Total Amount Enclosed (or charged to credit card) \$ _____

- Enclosed is check or money order, payable to UW-Madison.
- Please charge to account: MasterCard VISA American Express

Card No. _____ Expires _____

Cardholder's Name (print) _____

Mail to: National String Instrument Repair Clinics
University of Wisconsin-Madison
720 Lowell Center, 610 Langdon Street
Madison, WI 53703-1195

Fax to: (608) 262-1694