

Registration Form
(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE 1 _____ PHONE 2 _____ EMAIL _____

One Continuing Education Unit is \$40.

Enclosed is my check to ESU Department of Music for \$_____

Mail your check and this form to:

Great Plains Music Education Workshops
ESU Department of Music
1200 Commercial St. Box 4029
Emporia, KS 66801-5087

Direct questions to:

Marilyn Lake
bklake@smsd.org