Indiana University Jacobs School of Music

Retreat for School String Teachers 2008

June 20 – June 25, 2008

Name: (Please indicate Mr., Ms., or other preferred title.)	Address:	
City:	State:	Zip:
Daytime Phone: ( )	Evening Phone: ( )	
E-mail Address: (Please print carefully and let us know if you change your e-mail address)		
Current Occupation:		

One hour of graduate credit is available. For credit hour fees and associated fees please contact the Office of the Bursar: http://bursar.indiana.edu 812-855-2636.
☐ I wish to register for graduate credit.

Graduate residence hall accommodations are available at the Willkie Residence Hall. For more information visit: http://music.indiana.edu/special_programs/retreat/on_campus.shtml
☐ I wish to reserve residential hall accommodations I will arrive on *(date)* _____ and depart on *(date)* _____

Payment Information: **Note: We Cannot Accept Credit Card Payments by Telephone.**

☐ Enclosed is a check or money order for the $70 non-refundable application fee. (Due with this application.)
☐ I would like to pay the $70 application fee by Credit Card. Circle One: Visa MasterCard Discover American Express Credit Card # _____ Expiration Date: Signature:

A Letter of confirmation will be sent to you shortly.

Application Deadline: May 1, 2008

N.B.: Non-refundable application fee is NOT part of the Tuition.

Please mail completed application with $70 non-refundable application fee to:

Judy Anderson
Retreat for Professional Violinists and Violists
Jacobs School of Music, Practice Building 128
1124 East Third Street
Bloomington, IN 47405

OFFICE USE ONLY:
Amount Rec'd_____
Date Payment Rec'd_____
Check #_____
Check Date_____