

CHRISTIAN SINGERS WORKSHOP REGISTRATION FORM
OCTOBER 16 AND 17, 2009

For more information, email info@christiansingersworkshop.com, or call 404-822-5105 or 404-669-2021.

Please fill out one form per person. Everyone attending the workshop must be registered. Anyone under 18 must be accompanied by a paying adult. Spouse or parent rate **ONLY** applies to the spouse of a registrant or the parent of a minor (18 or under) registrant. You may make copies of this form. No refunds for registration fees will be issued after) October 7, 2009.

EARLY BIRD SPECIAL FOR BOTH DAYS: \$95.00 – Individual registrant, \$55.00 – Spouse or parent
Registration must be paid by **August 31, 2009** to receive the early bird special

SPECIAL FOR BOTH DAYS: \$125.00 – Individual registrant, \$70.00 – Spouse or parent
Registration must be paid by **October 7, 2009** to receive the two-day special

*Note: the two-day rates are not available after October 7 and will not be offered at the door.

FRIDAY MASTER CLASS REGISTRATION (no meals included)

| REGISTRATION PAID: | BY AUGUST 31, 2009 | BY OCTOBER 7, 2009 | AT THE DOOR |
|-----------------------|--------------------|--------------------|-------------|
| INDIVIDUAL REGISTRANT | \$45.00 | \$55.00 | \$65.00 |
| SPOUSE OR PARENT | \$25.00 | \$30.00 | \$35.00 |

SATURDAY WORKSHOP REGISTRATION – Price includes lunch

| REGISTRATION PAID: | BY AUGUST 31, 2009 | BY OCTOBER 7, 2009 | AT THE DOOR |
|-----------------------|--------------------|--------------------|-------------|
| INDIVIDUAL REGISTRANT | \$85.00 | \$100.00 | \$135.00 |
| SPOUSE OR PARENT | \$50.00 | \$ 70.00 | \$ 80.00 |

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Other) _____

E-mail _____

REGISTRATION FEE

Enclosed is my registration fee. I understand that there are no refunds after **October 7, 2009.**

Payment type (circle one): Check - Money Order – Visa – MC – AMEX - Discover \$ _____

TO PAY BY CHECK OR MONEY ORDER - MAKE PAYABLE TO ATLANTA CHRISTIAN COLLEGE AND
MAIL TO: **Music Department – Bonnie Cook, Atlanta Christian College, 2605 Ben Hill Road, East Point, GA 30344**

TO PAY BY CREDIT CARD – FILL IN THE FOLLOWING AND MAIL TO THE ABOVE ADDRESS OR FAX TO:
404-669-2076 – ATTN: BONNIE COOK

Credit Card # _____ Expiration _____

Name on Card _____

Please note: To insure proper receipt of your registration, make sure envelope is addressed exactly as indicated above. You will receive a confirmation by email within two weeks of your registration. If you do not receive a confirmation, please contact us to verify your registration.