

COME OUT 09 PD REGISTRATION FORM



Please complete a separate form for each Teacher registering for a Come Out 09 PD.

NAME _____ MOBILE PHONE _____

SCHOOL NAME _____

ARTS AMBASSADOR (please tick)

EMAIL _____

AREA OF SCHOOLING (tick appropriate boxes)

HOME PHONE _____

- EARLY YEARS
- JUNIOR PRIMARY
- PRIMARY
- MIDDLE SCHOOL
- SECONDARY
- SENIOR SECONDARY

ADDRESS _____

COME OUT 09 PD PROGRAMS	Date & Time	Cost Full	Cost AA*	Tick for Yes	Total to pay
Books & Bites	Fri 20 March 9.30 – 12pm	\$35	\$28		
Creative Writing Session 1	Tues 24 March 9am – 11am	\$35	\$28		
Creative Writing Session 2	Tues 24 March 1pm – 3pm	\$35	\$28		
Practical Puppet Making in the Classroom	Thurs 2 April 1pm – 4pm	\$50	\$40		
Creating Theatre for Early Childhood Audiences	Mon 6 April 9.30am – 12.30pm	\$35	\$28		
New Technologies in Live Performance	Wed 20 May 1pm – 4.30pm	\$50	\$40		
Picturing Words	Thurs 7 May 9.30am – 12.00pm	\$35	\$28		
New Technologies in Visual Arts	Tues 19 May 10.00am – 3.00pm	\$50	\$40		
Colliding Worlds Teachers' Professional Development Forum	Fri 22 May 2.00pm – 3.00pm	FREE	FREE		
Practical Application of Aboriginal and Torres Strait Islander Cultural Competencies Session 1	Mon 25 May 10.00am – 3.00pm	\$50	\$40		
Practical Application of Aboriginal and Torres Strait Islander Cultural Competencies Session 2	Tues 26 May 10.00am – 3.00pm	\$50	\$40		
Practical Approaches to Music Composition Whyalla	Thurs 21 May 11.00am – 3.00pm	\$50	\$40		
Practical Approaches to Music Composition Port Augusta	Fri 22 May 11.00am – 3.00pm	\$50	\$40		
Live Performance for and by Young People Port Lincoln	Thurs 2 April 10.00am – 3.00pm	\$50	\$40		
Photographic Workshop Roxby Downs	Mon 30 March 10.00am – 3.00pm	\$50	\$40		
Photographic Workshop Mt Gambier	Thurs 2 April 10.00am – 3.00pm	\$50	\$40		
TOTAL					

* AA is a Come Out 09 Arts Ambassador – discount is only applicable to registered AAs.

PAYMENT METHOD

Please make cheques payable to: Australian Festival for Young People OR charge to your credit card:

Please tick: Bankcard Visa Mastercard

Card number _____ / _____ / _____ / _____

Full name on card _____

Exp. date / Amount \$ _____ Signature _____ Date: _____

Fax return to Come Out Box Office:

Fax 8267 4027

Phone: 8267 6920