



**CHORAL TEACHERS WORKSHOP:
Registration Form**

Participant Name: _____

Organization/school: _____

Contact Phone: _____

Contact Email: _____

What grade level do you teach? _____

Please select your payment method (Registration Fee is \$40 including lunch)

Check *Please mail to:*
Children's Chorus of Washington
4626 Wisconsin Avenue, NW, Suite 100
Washington, DC 20016

Credit Card VISA MasterCard

Credit Card #:

Expiration Date: _____, 3 Digit Code: _____

Billing address

Name: _____

Billing Address (Line 1): _____

Billing Address (Line 2): _____

City: _____, State: _____ Zip Code: _____

For any questions, please contact CCW at 202-237-1005 or ccw@childrenschorus.com

Choral Teachers Workshop

Date: Saturday, May 4th (10:00am – 4:00pm, *Registration begins at 9:45am)

Fee: \$40 per person (Lunch is included)

Location: Maret School (3000 Cathedral Avenue, NW, Washington, DC 20008)

**There will be a certificate of completion provided at the end of workshop for your professional development credit.