

# Cleveland State University Workshop

# 2019 Summer Dance

Please **complete and return** by June 3, 2019 to →

Lynn Deering, Cleveland State University Dance  
Program  
1901 E. 13<sup>th</sup> St., MB 264, Cleveland, OH 44114

Name (please print):

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## COMPLETE THE FOLLOWING BIOGRAPHIC INFORMATION

I am a:  Professional Dance Educator  Professional Dancer/Performer or Choreographer  Other:

I am an Ohio resident:  Yes  No

I have attended CSU previously as an:  Undergraduate  Graduate Student (Last attended:  Fall  Spring 20\_\_\_\_)  N/A

Ethnicity (optional):  American Indian or Alaskan Native  Asian or Pacific Islander  Black/Non-Hispanic  White/Non-Hispanic  Hispanic

## COMPLETE THE FOLLOWING CLASS OPTION & SCHEDULE INFORMATION

I wish to purchase: (select only one option per registrant)  5 classes (\$110)  10 classes (\$200)

Note: If you would like to attend 15 or more classes, please see regular registration form and choose from listed options (e.g. Mix-and-Match, Contemporary Technique, or Somatics; available to students and community members for credit or non-credit/audit).

I plan on attending the following: \*

### Contemporary Techniques (M-F 10:15 – 11:45 am)

Week 1 (June 3-7) :  Mon  Tues  Wed  Thur  Fri

Week 2 (June 10-14) :  Mon  Tues  Wed  Thur  Fri

Week 3 (June 17-21) :  Mon  Tues  Wed  Thur  Fri

\*This information helps us plan in advance. It is okay if your plans need to adjust from what is indicated above (but please sign in each day).

## PAYMENT

Payment Method (check one & include payment):

Cash  Money Order\*  Check\* (write check #: \_\_\_\_\_) \*Payable to: CSU Dept. of Theatre & Dance

Credit Card (fill out section below) – **NO Gift Cards or AMEX** (We accept Visa, Discover, or MasterCard)

TOTAL Enclosed: \$ \_\_\_\_\_

*For payment via Credit Card, complete all areas below*

Check one:

Visa  Discover  MasterCard (NO gift cards or AMEX)

Card number (13 or 16 digits):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiration Date:

(month/year) \_\_\_\_ / \_\_\_\_

Authorization Code: \_\_\_\_\_  
(3 digits on back of card)

Amount to be paid: \$ \_\_\_\_\_

Payment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name (as shown on card): \_\_\_\_\_ Main Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Cardholder's Mailing Address / Billing Address:

\_\_\_\_\_

Street

City

State

Zip

I hereby agree to pay the sum set forth above to the bank which issue my card in accordance with the terms of the credit card for the purchase of goods and services. No refunds will be issued. (Please sign below)

X \_\_\_\_\_

Signature of cardholder

\*\*\*Have you filled in expiration date & all other

CSU SUMMER

DANCE 2019