

Cleveland State University

2018 Summer Dance Workshop

Please complete and return by June 4, 2018 to →

Lynn Deering, Cleveland State University Dance Program
1901 E. 13th 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: *

Somatic Techniques (M-F 8:45 – 10:00am)

Week 1 (June 4-8) : Mon Tues Wed Thur Fri

Week 2 (June 11-15) : Mon Tues Wed Thur Fri

Week 3 (June 18-22) : Mon Tues Wed Thur Fri

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

Week 1 (June 4-8) : Mon Tues Wed Thur Fri

Week 2 (June 11-15) : Mon Tues Wed Thur Fri

Week 3 (June 18-22) : 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):

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Card Expiration Date:
(month/year) ____ / ____

Authorization Code: _____ Amount to be paid: \$ _____ Payment Date: ____ / ____ / ____
(3 digits on back of card)

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 areas?*****

