



CREATIVE ABILITY DEVELOPMENT
Workshop and Teacher Training
August 18 – 22, 2014
Registration Form

Name _____

Address _____

E-mail _____

Home Phone _____

Work Phone _____

Cell Phone _____

Instrument _____

Cost: \$ 350

Registration Fee: \$ 15

Total Enclosed: _____

Check or Money Order must be in U.S. funds payable to: The Kanack School of Music, Inc.
Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard Expiration Date: _____

Card #: _____ Print Cardholder Name: _____

Please return this form with your payment as soon as possible to:

The Kanack School of Music, Inc.
2077 South Clinton Avenue
Rochester, New York 14618
(585) 244-6910
www.kanackschoolofmusic.com
www.creativeabilitydevelopment.com

Will you need a place to stay? : Yes No

If Yes, indicate preference: Home stay Bed and Breakfast Hotel