

THE ART SCENE

Enrolments close: Friday 26th June 2009

MITCHELL SCHOOL OF ARTS BATHURST
WINTER 2009
ENROLMENT FORM
Bathurst 12th to 18th July

914 Victoria Road, West Ryde, 2114 NSW
Ph: 02 9807 6900 Fax: 02 9809 6548
web: www.artscene.com.au
email: sales@artscene.com.au
ABN 95 001 966 472

PERSONAL DETAILS

Given Name: Dr/Mr/Mrs/Miss/Ms.....Surname:.....

Mailing Address:.....Suburb:.....Country:.....

State:.....Postcode:.....Day Telephone.....Night Telephone.....Fax.....

Mobile:.....Email.....Date of Birth.....

Profession:.....Diet:.....Health:.....Disability:.....
E.g.Vegetarian;Vegan E.g.Asthmatic;Diabetic

Emergency Contact Name:.....Contact Number:.....

WORKSHOP SELECTION

1st Choice.....

3rd Choice.....

2nd Choice.....

In the event your st choice is unavailable we shall contact you and place you into your 2nd or 3rd selection.

PAYMENT DETAILS (please refer to the fee table)

<input type="checkbox"/>	Workshop Fee	Covers tuition, morning and afternoon tea, lunch and exhibition special events	\$660	\$
<input type="checkbox"/>	Accommodation Option(per person)	Covers on-campus accommodation including breakfast & dinner Student or Partner Fee (no tuition) 6 days Sun-Sat	\$530	\$
<input type="checkbox"/>	Model Fee	Applicable to Terry Lewitzka's workshop (for 2 days)	\$25	\$

TOTAL FEE Payable with this application

\$ _____

PAYMENT (If cheque or Money Order make payable to The Art Scene)

Cheque Money Order Visa Bankcard MasterCard American Express (2% surcharge)

Card Number _____ - _____ - _____ - _____ Expiry Date ____/____

Cardholder Name _____ Cardholder Signature _____

DECLARATION

I have read and understood the terms and conditions of enrolment
I understand that I am bound by a Code of Conduct when attending the School

Signature _____ Date ____/____/____