

PRIMARY MUSIC MAKING

University of Stirling
Saturday 13 January 2018
8:45am – 4:15pm

Scottish
Association for
**MUSIC
EDUCATION**



Applicant Name (<i>CAPITALS</i>):		
Address for Correspondence (<i>CAPITALS</i>): (Home address ensures holiday-time contact)		School/College/University Name for Delegate List
Postcode:	Email: (Essential for participation in feedback survey)	
Tel (Day):	Tel (Eve):	Mobile:

Please indicate your choice for each session by code number and name (see brochure)

Session	Code No:	Title
1		
2		
3		

<p>Conference Fee £80 – includes coffee/tea, lunch and exhibitions.</p> <p>(✓ tick) <input type="checkbox"/> Cheque enclosed payable to SAME</p> <p><input type="checkbox"/> Send invoice to: (please provide full details or application will be returned)</p> <p>or book online at www.same.org.uk</p> <p>Signed: Date:</p> <p>Return completed form as soon as possible to: Graeme Wilson, Secretary, SAME, PO Box 26858, Kirkcaldy, Fife, KY2 9BP</p> <p>Booking Conditions Fees as stated above. The full fee is payable if cancellation is made within two weeks of the event date or when a delegate does not attend on the day. Cancellation must be confirmed in writing. Substitutions can be made. Applications will be acknowledged. Final details, including map, will be sent prior to the event.</p>	<p>Please indicate status (✓ tick)</p> <p>TEACHER:</p> <p>Primary <input type="checkbox"/> Secondary <input type="checkbox"/></p> <p>Other (state) <input type="checkbox"/></p> <p>Music <input type="checkbox"/> Class <input type="checkbox"/></p> <p>Instructor <input type="checkbox"/> Student <input type="checkbox"/></p> <p>State where (which Council and/or School/College/University)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Note: Incomplete information will result in return of application form.</p>
<p>OFFICIAL USE</p>	<p>Received: _____</p>
	<p>No: _____</p>