

Registration Form: **Audio Workshop**

Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Institution: _____

Phone: _____ Fax: _____ E-mail: _____

Payment enclosed: ARSC Member: (before 4/25) \$60 _____ (after 4/25) \$70 _____
Non-member: (before 4/25) \$75 _____ (after 4/25) \$85 _____
ARSC dues*: _____

* SPECIAL OFFER: Non-members who join ARSC (for \$33) can register for the workshop at ARSC member prices. Please write one check (to ARSC) for both dues and registration and indicate in the memo portion that payment is for both.

Attendees will be receiving confirmation notices.

Mail completed registration form and payment to Nancy Seeger, 1433 East Capitol St., SE, Washington, DC 20003-1535. Please make checks payable to **ARSC**, indicating in the memo portion that payment is for the Audio Workshop.