

Please write clearly in CAPITAL LETTERS

MR/MRS/MISS/OTHER:	
NAME:	
ADDRESS:	
POSTCODE:	
EMAIL ADDRESS:	MOBILE PHONE NO:
PHONE (DAY):	PHONE (EVE):
DATE OF BIRTH:	CAR REGISTRATION NUMBER:

Please indicate your usual vocal part/range by ticking the appropriate box(es) below:

S1		S2		A1		A2		T1		T2		B1		B2	
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Diet: REGULAR

VEGETARIAN

VEGAN

Please list any special or specific dietary requirements:

SPECIAL NEEDS (Mobility): Please tell us of any major health conditions/problems which may affect you during your attendance at the workshop.

Fees: £45 for day attendance at the workshop

Optional extra: £15 for evening meal and the ISSMUS pub quiz

Fees not applicable as I am an ISSMUS 2012 member

Please return this application form with a cheque for the full amount (non-refundable) to:
Sophia Russell, ISSMUS Administrator, 14 Carnicot House, Consort Road, London, SE15 2PJ
Please make your cheques payable to **ISSMUS**. **Bookings are not accepted without the payment.**