



# Arts Education Collaborative

2005-06 Event Registration

FAX Back Form to:

(412) 201-7401

Copy and share this form with your colleagues.

Name \_\_\_\_\_ Date \_\_\_\_\_

School District \_\_\_\_\_

Discipline \_\_\_\_\_ Grade Level \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Please include all requested information for future correspondence.)

### CHECK WORKSHOP(S) FOR WHICH YOU ARE REGISTERING:

Pittsburgh CLO	_____	\$85.00
City Theatre	_____	\$35.00
Society for Contemporary Craft	_____	<u>\$35.00</u>
TOTAL DUE		\$ _____

**CLASS SIZES ARE LIMITED, PLEASE REGISTER EARLY!**

Please mail registration fee(s) to:

Arts Education Collaborative  
Event Registration  
Regional Enterprise Tower  
425 Sixth Avenue, Suite 2650  
Pittsburgh, PA 15219-1819

Call 412-201-7405 or e-mail [info@artsedcollaborative.org](mailto:info@artsedcollaborative.org) with questions.

\*\*\*Watch the AEC Website [www.artsedcollaborative.org](http://www.artsedcollaborative.org) for additional offerings.\*\*\*