

Registration Form
Certificate Program for Strings (CPS) Workshop
Saturday, August 30, 2008

Please print clearly:

Name _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Instrument(s): _____

In what settings have you taught (school, studio, etc.)?

What levels have you taught (beginner, intermediate, advanced)?

What experience, if any, have you had with the CPS?

What are you particularly interested in learning in this workshop?

When you have completed this registration form, please include the \$40 registration fee (check made out to ASTA/NJ) and mail to:
Leslie Webster, 8 Valley Road, Madison, NJ 07940 **Due July 30.**