



Teacher Workshop Registration

"To keep a child's **lamp** burning, we need to fuel them with knowledge!"

Get refueled at the FAME **LAMP** Workshop!

Lessons for **Art** and **Music** People

Special presentation by

Dr. Barbara Resch

"Arts in the Brain"

Participate in Art and Music Projects

February 16, 2010

5:30-8:30 pm

Hickory Center Elementary 3606 Baird Road

FAME welcomes all members to register for the workshop. FAME's membership form is on the reverse side of this form

2010 Registration

NAME:	
SPECIALTY:	MUSIC ART DANCE DRAMA OTHER
SCHOOL:	
SCHOOL ADDRESS:	
CITY, STATE, ZIP:	
EMAIL:	
SCHOOL PHONE:	HOME PHONE:

NAME:	
SPECIALTY:	MUSIC ART DANCE DRAMA OTHER
SCHOOL:	
SCHOOL ADDRESS:	
CITY, STATE, ZIP:	
EMAIL:	
SCHOOL PHONE:	HOME PHONE:

Payment

FAME Members \$15 x _____ no. attending

Students \$5 x _____ no. attending

Professional Membership fee (fill out form on back)

Total Amount Enclosed

PAYMENT

Payment Enclosed: cash check # _____ School PO # _____

Credit Card: visa mastercard amex discover

CREDIT CARD #:

EXPIRATION:

SIGNATURE:

Office Use only

Date rec'd

Check no

Total received

Processed sign.

Submit form with payment (payable to FAME) to:

FAME
Beth Kulow, Registrar
Community Arts Office 230A
2101 E Coliseum Blvd
Fort Wayne, IN 46805-1499



2009-10 Professional And Associate Membership Form

Please select a FAME Professional or Associate Membership for the 2009-10 program year. All FAME memberships will be valid from August 1, 2009 through July 31, 2010. Thank you for joining FAME.

Professional Members are arts teachers (k-8th) /schools in Northern Indiana that use the following FAME programs in their curriculum:

- Fusion of Concert Colors (NE)
- Culture Kits and Newspaper Supplements
- Culture Workshops
- FAME Composition Project (NE)
- Visiting Artists to your schools
- FAME Festivals
- Email updates and RAVE Review

Associate Members are retired teachers/ parents/organizations and children arts advocates that champion FAME programs. If you have a student class to enter in our programs, please register as a professional member. We thank you for your associate member tax deductible support with, the following:

- invitations to FAME event preview parties throughout the year,
- sponsorship recognition
- RAVE Review and email news updates

Please write
“SAME”
if contact information is duplicate to any FAME Program workshop form

For professional membership of schools, indicate two representatives (in addition to the principal) in the space provided for FAME contacts. For individual professional and all associate members, please complete only ONE of the contact boxes below.

SCHOOL/ORGANIZATION:	
SCHOOL DISTRICT:	
PRINCIPAL/OFFICER:	
ORGANIZATION ADDRESS:	
CITY, STATE, ZIP:	COUNTY:
EMAIL:	PHONE:
<input type="checkbox"/> FAME NE (FT WAYNE)	<input type="checkbox"/> FAME NW (MERRILLVILLE) <input type="checkbox"/> FAME CNTRL (WABASH)

NAME:
SPECIALTY: MUSIC ART DANCE DRAMA HOME SCH
I would like to receive FAME news & updates in email yes no
EMAIL ADDRESS:
HOME ADDRESS (if Preferred):
HOME CITY, STATE, ZIP:
HOME or CELL PHONE:

NAME:
SPECIALTY: MUSIC ART DANCE DRAMA HOME SCH
I would like to receive FAME news & updates in email yes no
EMAIL ADDRESS:
HOME ADDRESS (if Preferred):
HOME CITY, STATE, ZIP:
HOME or CELL PHONE:

Professional or Associate Membership
<input type="checkbox"/> \$40 BASIC School/Organization <input type="checkbox"/> \$20 BASIC Individual <input type="checkbox"/> \$50 CONTRIBUTOR <input type="checkbox"/> \$100 BENEFACTOR <input type="checkbox"/> \$500 FRIEND <input type="checkbox"/> \$1,000 PATRON <input type="checkbox"/> \$2,000 SPONSOR <input type="checkbox"/> OTHER: _____

Professional Membership Amount (tax deductible)

Associate Membership Amount (tax deductible)

Submit all Membership forms with payment to (Payable to FAME):

FAME
IPFW Rhinehart Music Center
Community Arts Office 230A
2101 E Coliseum Blvd
Fort Wayne, IN 46805-1499

PAYMENT	
Payment Enclosed:	<input type="checkbox"/> cash <input type="checkbox"/> check # _____ <input type="checkbox"/> School PO # _____
Credit Card:	<input type="checkbox"/> visa <input type="checkbox"/> mastercard <input type="checkbox"/> amex <input type="checkbox"/> discover
CREDIT CARD #:	_____
EXPIRATION:	NAME: _____
SIGNATURE:	_____

Office Use only

Date rec'd _____

Check no _____

Total received _____

Processed sign. _____

FAME Programs are open to professional members and organizations with classes Kindergarten thru 8th grade in the public, parochial, private and home schools. Look for FAME program registration forms at www.famearts.org