

# SPRING to DANCE FESTIVAL 2009

# PRESENTER/AGENT REGISTRATION FORM

All registrations must be received by  
Friday, May 8, 2009 to guarantee benefits

## Organization Type

I represent (please check all that apply)

- Presenting organization  
 Arts council  
 Artist management/agency  
 Other--please specify: \_\_\_\_\_

**Return Completed Registration Form with  
Payment to Dance St. Louis**

Fax: 314.289.4117  
3547 Olive Street St. Louis, MO 63103

## Organization Information

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## Registrants

### PRIMARY REGISTRANT/CONTACT

Name & Title \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Email \_\_\_\_\_

Days Attending @ \$10 per day (select all that apply)

- Thursday, May 21  
 Friday, May 22  
 Saturday, May 23

### ADDITIONAL REGISTRANT

Name & Title \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Email \_\_\_\_\_

Days Attending @ \$10 per day (select all that apply)

- Thursday, May 21  
 Friday, May 22  
 Saturday, May 23

$\left( \frac{\text{_____}}{\# \text{ days Registrant One}} \times \$10 \right) + \left( \frac{\text{_____}}{\# \text{ days Registrant Two}} \times \$10 \right) = \$ \text{_____}$   
Total Organization Registration Fee

## Payment Information

CHARGE MY (CIRCLE ONE):



CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

I ENCLOSED A CHECK MADE PAYABLE TO DANCE ST. LOUIS