



### Registration to the 2011 Liszt-Garrison Festival & International Piano Competition

#### 1 Personal Information:

Name: (please print)

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### 2 Fees:

◆ Five (5) days – all presentations, except Special Events

General Admission – At the door	_____	x \$150.00= \$	_____
<u>Advanced purchase</u> by September 30, 2011	_____	x \$120.00= \$	_____

ALS Members – At the door	_____	x \$100.00= \$	_____
<u>Advanced purchase</u> by September 30, 2011	_____	x \$ 80.00= \$	_____

Senior Citizens (65+) and Students (with ID):			
At the door	_____	x \$ 90.00= \$	_____
<u>Advanced purchase</u> by September 30, 2011	_____	x \$ 80.00= \$	_____

Contestant's Families (up to three people):			
At the door	_____	x \$100.00= \$	_____
<u>Advanced purchase</u> by September 30, 2011	_____	x \$ 90.00= \$	_____

Name 1: \_\_\_\_\_  
 Name 2: \_\_\_\_\_  
 Name 3: \_\_\_\_\_

◆ One day. Indicate date, if possible: \_\_\_\_\_: \_\_\_\_\_ x \$ 50.00 = \$ \_\_\_\_\_

◆ Half-day. Indicate date, if possible: \_\_\_\_\_: \_\_\_\_\_ x \$ 30.00 = \$ \_\_\_\_\_

◆ Gala Recital *only* – October 15, 2011 \_\_\_\_\_ x \$ 30.00 = \$ \_\_\_\_\_

◆ Group Teacher/Studio (minimum 10) – Special Rates – Call 410-833-5782

#### Special Events (RSVP by 09/30/11)

◆ *Post Concert Reception* at Grace United Methodist Church  
Thursday, October 13, 2011 \_\_\_\_\_ x \$ 10.00 = \$ \_\_\_\_\_

◆ *Festival Dinner* – After Festival Gala Recital  
at *La Famiglia Restaurant (Cash Bar)*

If you would like to support The Liszt Garrison Festival & International Piano Competition, please enclose your tax-deductible contribution

\$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**3 Payment:**

\_\_\_\_\_ **Check (\*\*):** Make checks payable to ALS/BW

\_\_\_\_\_ **Credit Card (\*\*):**

VISA  MasterCard Exp. Date: \_\_\_\_\_ **3 digits Security Code:** \_\_\_\_\_

Card #: \_\_\_\_\_ (make sure numbers are legible)

Signature: \_\_\_\_\_

*(\*\*) Registrations sent by mail must be postmarked on or before September 30, 2011.*

**4 Preferred Means of Communication:**

Please continue to send BWALS Information by (Check all that apply):

- Mail  E-mail
- Please remove my name from the mailing list.

**5 Easy Ways to Register:**

**Mail:** Complete this form and mail with check or Credit Card information to:

**ALSBWC**  
c/o Susana Cavallero  
8803 Stoneridge Circle - #102  
Pikesville, MD 21208

**Phone:** 410-833-5782

**Web:** Go to [www.lisztgarrisoncompetition.org](http://www.lisztgarrisoncompetition.org) to get this form and then proceed as indicated above.