



Registration to the 2009 Liszt-Garrison Festival & International Piano Competition.

1 Personal Information:

Name: (please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

2 Fees:

◆ General Admission & ALS members: _____ x \$120.00 = \$ _____

◆ Contestant's Families (up to three people): _____ x \$100.00 = \$ _____

Name 1: _____

Name 2: _____

Name 3: _____

◆ Senior Citizens (65+) and Students (with ID): _____ x \$ 90.00 = \$ _____

◆ One day. Indicate date, if possible: _____: _____ x \$ 45.00 = \$ _____

◆ Single Event (Each competition round, or Recital, or presentation): _____ x \$ 25.00 = \$ _____

Special Events (RSVP by 10/01/09)

◆ In the footsteps of Liszt, with Light Buffet included Thursday, October 15, 7:30 PM _____ x \$ 20.00 = \$ _____

◆ Festival Dinner Saturday, October 16, 8:45 PM _____ x \$ 60.00 = \$ _____

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 October 1, 2009.

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:

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

Phone: 410-655-5959 (Bernardo)

Fax: 410-655-3703

Web: Go to www.lisztgarrisoncompetition.org to get this form and then proceed as indicated above.