

ArtsTime 2013 - Arts Vision for the 21st Century: Dream It, Live It, Achieve It



January 19—20*, 2013

***Saturday and Sunday**

Foster High School
4242 S 144th Street, Tukwila, WA
(Near SeaTac Airport)

Saturday Keynote Speaker

Dr. Lynell Burmark, Author, **Visual Literacy**

Sunday Keynote Speaker

Roger Fernandes, **Story Teller**

For additional conference details
visit www.artstime.org

**Participants will take away “Arts Survival and Advocacy Strategies”—plus classroom ready activities.
Don’t miss it! Register TODAY!**

Full registration includes: Conference Materials, Lite Breakfast, Lunch, Breaks for both days, 16 CEU’s, and access to online handouts following conference.
2 CE quarter credits available from Central Washington available on site for \$140.00

Registration Fees: (check one)

Full Conference \$155.00 _____
Student/Retirees \$ 75.00 _____
One Day \$100.00 Sat. _____ or Sun. _____

Presenter \$125.00 _____ (both days)

Late/Onsite Registration Fees: (after January 7th)

Full Conference \$199.00 _____

Total to be invoiced _____

Sponsoring Organizations:

ArtsEd Washington
Dance Educators Association of Washington (DEAW)
Washington Alliance for Theatre Education (WATE)
Washington Art Education Association (WAEA)
Washington Music Educators Association (WMEA)
Washington State Thespians

In Cooperation with:

Office of Superintendent of Public Instruction (OSPI)

www.artstime.org

Registration Form (Print clearly)

Name: _____

Position: _____

Best Email: _____

Additional Attendee: _____

Position: _____

Best Email: _____

Additional Attendee: _____

Position: _____

Best Email: _____

School/Organization: _____

Billing Address: _____

City, Zip: _____ (P) _____

(F) _____ Email: _____

(Required for email confirmation)

About You.... (check all that apply)

Your Grade Level: K-4 ___ 5-8 ___ 9-12 ___ Post K-12 ___

Arts Organizations that you are affiliated with:

DEAW ___ WMEA ___ WATE ___ WAEA ___

ArtsEdWa ___ Thespians ___ Other ___

We encourage you to join YOUR association!

Special Requests: Dietary needs, etc. _____

Method of Payment:

Please Invoice ___ Check Enclosed ___ CC ___

PO Number _____

CC# _____

Exp. Date _____ CVV Code _____ (3 digits)

Total amount to process: _____

Copy, Mail, Fax or Email to:

ArtsTime Conference

1401 Marvin Rd. NE Suite 307. # 253

Olympia, WA 98516 * Fax: (360) 412-0191

Email: artstime2013@gmail.com

Cancellation Policy: Full payment returned if cancelled before January 11th. Registration fees will be returned less \$50.00 if cancelled on or after January 11th.

No Show—No Refund. Transfers welcome.