

AUSTRALIAN COMPOSERS WORKSHOPS' APPLICATION FORM

To be completed by those wishing to participate only in the Australian Composers' Workshops

First: _____ Last Name: _____
Phone (home) _____ (work) _____ (mobile) _____

Postal Address: _____
_____ Post Code: _____

Email: _____

PAYMENT \$260
by cheque or credit (type _____)
Cardholders Name _____
Card No. _____
Expiry Date ____/____
Signature _____

DUE DATE – June 17 2002

Forward to:
The Director
Darwin International Guitar Festival
Northern Territory University
School of Music
Casuarina 0810
AUSTRALIA

Please include the following attachments:

- Brief biography
- List of works
- A score and if possible a recording of at least one recent composition.