

ArtsTime 2010: Transforming Classrooms, Education and Lives



October 8 - 9, 2010

State In-Service Day * Friday & Saturday

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

Friday Keynote Speaker

Mark Lewis, Story Teller

Saturday Keynote Speaker

Dr. John J. Medina, Author, **Brain Rules**

For additional conference details

visit www.artstime.org

Participants will take away methods and ideas for “everything arts” and arts integration. Don’t miss it! Register TODAY!

Full registration includes: Conference Materials
Continental Breakfast, Lunch and Breaks both days,
Est. 16 CEU’s, access to online handouts and Super
Session. (Super Session handouts purchased separately)

Registration Fees: (check one)

Full Conference	\$155.00	5th Free
Super Session Handouts	\$5.00	(# of sets)
Student/Retirees	\$ 75.00	
One Day	\$100.00	Fri. ___ or Sat. ___

Presenter \$125.00

Late Registration Fees: (on or after Sept. 17th)

Full Conference \$199.00 5th Free

Super Session Only: Oct., 9th ~ Sat. (1:30 —4:30 p.m.)

(includes Handouts) \$50.00

Total to be invoiced _____

Sponsoring Organizations:

- ArtsEd Washington
- Creative Activities/VSAarts of Washington (CA/VSAAW)
- 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) **Register Four & the Fifth is Free.**

Name: _____

Position: _____

Additional Attendee: _____

Position: _____

Additional Attendee: _____

Position: _____

Additional Attendee: _____

Position: _____

Additional Attendee: _____

Position: _____

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 ___

VSA Arts ___ 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: artstime2010@aol.com

Cancellation Policy: Full payment returned if cancelled before Sept. 17th. Registration fees will be returned less \$25.00 if cancelled on or after Sept. 17th. No Show—No Refund. Transfers welcome.