

Artist Business Professional Development Registration Form

Australia
Business Arts
Foundation



Please complete and return this form to:
Professional Development
Fax: 03 9614 2550 Email: skillsdev@abaf.org.au
Mail: Level 2, 405 Collins St, Melbourne VIC 3000

Workshop Details	ABN: 88 072 479 835
State	
Workshop title	
Workshop date	

Contact Details	Attendee 1		
Title (Mr/Mrs/Ms)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
First name			
Surname			
Address			
Suburb/Town		State	Postcode
Telephone		Mobile	
Email			

Artistic Practice Details (please tick)				
To assist us in developing the workshops please provide us with the following information.				
Please tick more than one box if appropriate	Painting <input type="checkbox"/>	Sculpture <input type="checkbox"/>	Textile <input type="checkbox"/>	Photography <input type="checkbox"/>
	Printmaking <input type="checkbox"/>	Craft <input type="checkbox"/>	Jewellery <input type="checkbox"/>	New Media <input type="checkbox"/>
	Video <input type="checkbox"/>	Design <input type="checkbox"/>	Ceramic <input type="checkbox"/>	Indigenous Art <input type="checkbox"/>
	Other, please specify			
Years of Practice	_____ years practice as a full time professional visual artist (please specify)			
	_____ years practice as a part time professional visual artist (please specify)			

Please inform us of any special requirements, e.g. dietary, audio, visual or physical.

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Please note:

If a participant cancels, the registration is transferable to the next available workshop in your state.
Registrations are only confirmed upon receipt of a confirmation email from AbaF. In the event that a workshop is fully booked, AbaF will contact you and place you on a waiting list. The information provided in this registration form is for AbaF's purposes only