

Boston Early Music Festival

2011 FRINGE CONCERT REGISTRATION FORM

Please clearly list information exactly as you would like it printed in the Fringe Concert Schedule.

Contact Information

Name of Artist/Ensemble _____
Contact Name _____
Address _____
City _____ State _____ Zip _____ Country _____
Telephone _____ Cell _____
Fax _____ Email _____
WWW. _____

Concert Information

Day, Date & Time of Event _____
Ensemble and individual artists/instruments _____

Program Title _____
Brief program information (*BEMF reserves the right to edit*) _____

Venue name and address _____

Contact for public info: Phone _____ Email _____
Ticket price(s): \$ _____ Donation: \$ _____ FREE
Discounts: \$ _____ for students, seniors, BEMF pass, EMA members, others _____
Please also submit a 100 word description of the Fringe Concert ensemble/artist to carla@bemf.org

Payment

Fee: \$200 for first event, \$75 for each additional event (*please fill out separate form for additional concerts*)
Amount: \$ _____ Check in US funds enclosed MasterCard/Visa/AMEX/Discover (+ \$5.00 handling charge)
Card no. _____ Exp. _____

**Please submit this form, registration fee, and sample CD to:
BEMF Fringe Concerts, 161 First Street, Suite 202, Cambridge, MA 02142-1207
Questions? Contact Carla Chrisfield at 617-661-1812 or carla@bemf.org**