

**Please return this form to**  
**Dr. Beth Wagstrom, CoACDA College & University R & S Chair**  
**Adams State College**  
**Dept. of Music**  
**208 Edgemont Blvd.**  
**Alamosa, CO 81102**

**Director's program information**

**Name as you wish it to appear on the program (please print):**

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**Name of institution:**

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**Please check:**

I  am  am not planning to attend the CoACDA Summer Workshop (July 19-21)

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