

2025 ASI SAW MEMBER VIP OBSERVER FORM

BILLING INFORMATION

Last Name:		First Name:		Pronouns:
Address:				
City:		State/Province:		ZIP Code
Phone Number:	Alternate Phone Number:		*Email address:	

*This email must belong to someone at least 18 years of age. It will be used for communication and for Zoom classes

ATTENDEE INFORMATION

- I will be attending the SAW meeting on Tuesday, July 29 at 11:05am.
- I would like to observe student classes/events on Tuesday**
- I would like to observe student classes/events on Wednesday**

FEE SCHEDULE

Housing Fees (Per Week. Maximum of 2 people per room):

<input type="checkbox"/> Single room – per person.....	\$45	_____
<input type="checkbox"/> Double room – per person.....	\$35	_____
<input type="checkbox"/> Parking Pass.....	\$0	_____
TOTAL		_____

** Observation is permitted in student classes only, and then, only as space permits. No observation of teacher training classes is permitted under any circumstances.

PAYMENT INFORMATION

- My check or money order, payable in U.S. Dollars to ASI/UWSP, is enclosed in the amount of \$ _____
- I will use a credit or debit card through the secure link below.

5% card processing fee: _____
 My payment will be in the amount of: _____

[Click here to make a credit or debit card payment](#)

OPTIONS TO RETURN COMPLETED FORMS

- Save PDF and email to suzuki@uwsp.edu
- Postal service: American Suzuki Institute, UW-Stevens Point, 1800 Portage Street, Stevens Point, WI 54481

Have you ever attended other Institutes? Yes No If so, which Institutes? _____