

Alberta Registered Music Teachers’ Association

Provincial Continuing Education

and

[Branch Logo]

[Branch name]

present

[Masterclass/ Workshop/ Recital Name]

with

[Clinician name]

[Clinician photo]

[Date]

[Time]

[Location]

ARMTA Branch members $[cost]

Non-members $[cost]

Limited space is available!

Application form available at [www.armta.ca](http://www.armta.ca).

For more information, contact [contact name and phone/email].

[Insert other sponsor's logos]