



TECHNICAL EXPERIENCE September 12-15 2016

**Carlton Smith Pipe Organ Restorations
Indianapolis, IN**

2016 ATOS Technical Experience Application Form (Please type or print)

ATOS is pleased to offer the 7th Annual Technical Experience for participants 18 years of age and older. This year the Technical Experience will be presented again as last year. There will be several subjects presented over the four days. Among this year's topics will be relays and switching system for theatre pipe organs. The last day will consist of a field trip to the Hilbert Circle Theatre 3/24 Wurlitzer and the Warren Performing Arts Center 3/18 Barton.

This year Carlton Smith, Justin Nimmo, Allen Miller and Dick Wilcox will be the primary instructors, with additional teaching assistance from special guests.

The 2016 Technical Experience takes place again at the working theatre organ restoration workshop of Carlton Smith Pipe Organ Restorations, 212 W. 10th Street, Suite D240, Indianapolis, IN 46202-5669.

Participants are invited this year to attend the CIC-ATOS Concert on Sunday afternoon, September 11th at 2:00pm with organist Justin Stahl on the 3/18 Barton organ. If you wish to attend the concert please check the box below to place your name in reserve of a ticket for \$15.00 at the box office. If you do not reserve a ticket admission will be \$20.00. CIC-ATOS has always been a contributor to the seminar with volunteers which provide the lunches and beverages for our seminar.

The experience hotel is again the Comfort Inn, where we have a special rate of \$90/day (single or double) for a king or double and includes a continental breakfast. Ask for group rate "ATOS." You are responsible for making your own hotel reservations. Reservation deadline is August 11th, 2016. A guaranteed reservation cancellation must be made 7 days prior to arrival.

Comfort Inn, 2295 N Shadeland Ave, Indianapolis, IN (317) 359-9999

- Tuition for the experience is \$385.00, and space is limited to 15 persons.

Contact:

Carlton Smith (carlton55@comcast.net)

or

Bob Evans (bob@organloft.org)

if you have questions.

2016 ATOS TECHNICAL EXPERIENCE REGISTRATION FORM

STOP! Have you included the following items with this application?

- Your completed and signed application;
- Your Health/Emergency Information Form;
- Your tuition check/ money order for \$385 (made payable to ATOS)

Name (PRINT) _____

Home Address _____

City, State, Zip _____

Cell Phone Number _____

E-mail _____

- I wish to purchase a \$15.00 reserve ticket for the CIC-ATOS Concert on September 11th.
(Note: If not reserved ticket will be \$20.00 the day of the concert.)

Are you an ATOS member? _____
If NO, please add \$40 to the Registration Fee.

*Local chapter affiliation (if any) _____

How much exposure have you had working on a theatre pipe organ?
--Check one-- ___ frequent ___ occasional ___ never

Have you worked on an organ professionally? Yes: _____ No: _____

*If yes, in what capacity? ___ Home ___ Chapter ___ Church ___ Other _____

If you have had professional pipe organ experience, name of company

Have you been part of a restoration, installation, maintenance or conservation of a theatre pipe organ?

*If yes, in what capacity? _____

Do you play? _____ Would you like to play informally when there is an opportunity? _____

Please list other mechanical interests (*i.e.*: woodworking, electronics, restoration, hobbies etc.)

Are there any specific areas of study you would especially like to have covered in the Technical Experience? If so, please list below.

Will you have your own transportation, personal car or rental? _____

Tee shirt size XXL XL L M S (Circle one for commemorative shirt.)

NOTE: Portions of the Technical Experience are held in a classroom-like setting in a private facility. Some portions are held in a workshop where power tools may be used. Some portions will require access to organ chambers, tight spaces and close conditions. Some stair climbing and ladder climbing may be part of the Technical Experience. Please keep this in mind before registering.

[] I have read and understand the above warning.

Health/Emergency Information Form **

Name _____

Address _____

City/State/Zip _____

Social Security # (only used if you are hospitalized) _____ Birthdate _____

Home Phone _____ Blood Type _____

1) Do you have any health conditions (e.g., allergies, chronic medical conditions) or special circumstances (legal arrangements, and/or other circumstances) of which we should be aware prior to emergency treatment?

____ NO ____ YES (please explain, include any current medication) Use reverse side if necessary.

2) Whom should we notify in case of an accident or medical emergency?

Name _____ Relationship _____

Address _____

Phone Number _____

3) Please give us the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s):

1) Name of Carrier _____

Policy Number _____

2) Name of Carrier _____

Policy Number _____

*****Providing information on this form is not required, but is requested to help ATOS in the unlikely event that an unanticipated situation or medical emergency arises during the Technical Experience. Any information provided on this form shall be held by ATOS in the strictest of confidence and shall not be disclosed to any third party unless necessary to address or prevent a medical emergency.***

Signature _____ Date _____

**Please send this completed application form along with your \$385 tuition payment to
Bob Evans 798 Old Warren Road, Swansea, MA 02777-4314 by August 17, 2016**