



# TECHNICAL EXPERIENCE August 12-15 2013

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

## **2013 ATOS Technical Experience Application Form (Please type or print)**

*ATOS is pleased to offer the fourth Technical Experience for participants 18 years of age and older. Carlton Smith, Clark Wilson and Justin Nimmo will be the primary instructors this year, with additional teaching assistance from a special guest. This year the Technical Experience will be presented a bit differently. There will be 2 main seminars presented over the first three days. The first seminar focuses on the complete rebuilding of "theatre organ" regulators of which there will be "hands on" experience for all participants. The Second seminar will be on the basics of releathering techniques for Robert Morton, Barton, Wurlitzer and Kimball manual chests.*

*The 2013 Technical Experience takes place at the working theatre organ restoration workshop of Carlton Smith Pipe Organ Restorations, 212 W. 10<sup>th</sup> Street, Suite D240, Indianapolis, IN 46202-5669.*

*The experience hotel is the Comfort Inn, where we have a special rate of \$71.00/day double or king for group "ATOS." You are responsible for making your own hotel reservations.*

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

There is a \$500 Garrett Shanklin Memorial Scholarship available for this program. It is open to anyone 18 years old and older. Please check the ATOS website for details or contact Bob Evans at [bob@organloft.org](mailto:bob@organloft.org)

Tuition for the experience is \$385.00, and space is limited to 18 persons.

Contact Carlton Smith ([carlton55@comcast.net](mailto:carlton55@comcast.net)) or Bob Evans ([bob@organloft.org](mailto:bob@organloft.org)) if you have questions.

**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)

## 2013 ATOS TECHNICAL EXPERIENCE REGISTRATION FORM

Name (PRINT) \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

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    (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 July 12, 2013**