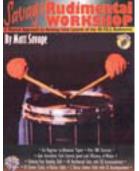
practice



Cool Maque By Matt Savage

From Savage Rudimental Workshop By Matt Savage Published by Warner Bros.

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This solo, which uses the Single Ratamacue rudiment, is to be played in a "cool" jazz style with "swing" eighth notes.

Sound Enhanced

A demo/play-along track that corresponds to this solo is available in the Members Only section of the PAS Website at www.pas.org



PASIC 2004 REGISTRATION FORM

PERCUSSIVE ARTS SOCIETY INTERNATIONAL CONVENTION PASIC® 2004 • 29TH ANNUAL CONVENTION • NOVEMBER 10–13, 2004 NASHVILLE CONVENTION CENTER & RENAISSANCE NASHVILLE HOTEL • NASHVILLE, TENNESSEE

Name	Today's date			
Address				
City	State/Province			
Country	Zip/Postal Code			
Telephone	Fax			
E-mail address	DO NOT WISH TO HAVE MY NAMI	E MADE AVAILAB AIL MADE AVAILA	LE FOR INDUST	RY MAILINGS. STRY MAILINGS.
YOU MUST BE A CURRENT MEMBER OF PAS THROUGH CONVENTION	DATES TO REGISTER FOR THE CO	NVENTION. F	AS MEMBER	#
EPAS STUDENT online Full member access to website Junior I	\$25			
EPAS PROFESSIONAL online Full member access to website	\$40			
FULL-TIME STUDENT MEMBER Junior High School Sen	\$55			
SENIOR CITIZEN MEMBER (65+) Educator Performer/Art	\$55			
PROFESSIONAL MEMBER □ Educator □ Performer/Artist □	\$85			
INDIVIDUAL FRIEND your name will be listed in each issue of Pe	\$150			
INTERNATIONAL MEMBER SHIPPING Countries other than U.S., Canada or Mexico must select either Standa	ard Shipping (\$10) or Priority Air (\$3	0)	\$10/\$30	
REGISTRATION FAMILY MEMBERS MUST BE ACCOMPA	NUED DV A DEGLOTEDED MEMBER	FULL-TIME		
REGISTRATION FAMILY MEMBERS MUST BE ACCOMPA	NIED BY A REGISTERED MEMBER	STUDENT W/ID		
EARLY REGISTRATION by October 7 (badge will be mailed to address above) \$95				
REGISTRATION after October 7 (badge pickup onsite) \$125				
ONE-DAY REGISTRATION Wednesday Thursday Friday Saturday (badge pickup onsite) \$50				
ACCOMPANYING FAMILY MEMBER Name of family member	\$60			
ONE-DAY ACCOMPANYING FAMILY MEMBER Name of family member attending				
CHILDREN 12 AND UNDER onsite registration only	free			
DRUM CIRCLE FACILITATION WOR	KSHOP REGISTR	ATION	\$50	
SUNDAY, NOVEMBER 14, 2004				
OTHER				
HALL OF FAME BANQUET TICKETS Advance purchase or	nly	\$550		
Total number of meals Number of vegetarian meals	<u> </u>	table of ten	\$55	
PASIC 2004 T-SHIRT Adult Qty/Size S M			\$14	
PASIC 2004 LONG SLEEVE T-SHIRT Adult Qty/Size	S XL	XXL	\$16	
ONE-DAY ADMISSION TO INTERNATIONAL DRUM AND FESTIVAL ONLY Onsite purchase only (\$10)	PERCUSSION EXPO & MAI	RCHING PE	RCUSSION	V
PAYMENT		[TOTAL	
☐ Check or money order (drawn on a U.S. bank in U.S. funds) Pa	ayable to Adventure Travel Enc	losed		
☐ Charge my ☐ VISA ☐ MasterCard #	Exp Date	3	Digit Code	
Name on credit card (please print)				
RETURN TO: ATTN: PASIC 2004, ADVENTURE FAX (580) 353-5393 • PH (800) 540-9030				502-0089

All early registrations must be received by October 7. Please note: a 20% cancellation fee will be charged on any cancellation on or before October 15.

After Ocober 15, NO refunds will be issued. Please print clearly to insure prompt processing. Photocopy this page as needed.

PERCUSSIVE

cannot be guaranteed after October 7, 2004.

PERCUSSIVE PASIC 2004 HOTEL RESERVATION FORM

RETURN BY OCTOBER 7, 2004

29TH ANNUAL CONVENTION . NOVEMBER 10–13, 2004 EXHIBIT HALL: NOVEMBER 11–13, 2004 NASHVILLE CONVENTION CENTER

HOTEL ACCOMMODATIONS	Renaissance Nashville Hotel	Hilton Suites Downtown	Holiday Inn Express Downtown	Sheraton Nashville Downtown
Single Price	\$134	\$135	\$89	\$115
Double Price	\$147	\$135	\$89	\$115
Triple Price	\$157	\$145	\$89	\$115
Quad Price	\$157	\$155	\$89	\$115
Distance to Convention Center	Indoor	1 Block	3 Blocks	3 Blocks
Complimentary Breakfast	No	No	Yes	No
Room Service	Yes	Yes	No	Yes
Parking	\$16 per day	\$12 per day	Free	\$14

Name: City: _____ State/Province: ____ Country: Zip/PostalCode: Telephone: _____ Fax: _____ E-mail: ______ Today's Date: _____ Hotel Preference Check-in Date: Check-out Date: Number of Nights: _____ _____ Number of Rooms: _____ Number of People in Room: _____ Bed Preference: ☐ King ☐ Double Smoking Preference ☐ Non-smoking ☐ Smoking (Please Note: Bed and Smoking Preferences are a request only and cannot be guaranteed) I authorize Adventure Travel to guarantee my room(s) with the following credit card. I understand that I am liable for cancellation penalties described herein should I cancel my room(s) reservations, and I authorize such charges as appropriate to same account. Credit Card □ VISA □ Mastercard □ American Express □ Discover □ Diners Club 3 digit code _____ Exp. Date Card Number _____ Cardholder's Name Signature One Night Deposit \$ _____ + 14.25% tax = Total Deposit \$ ____

All hotel rates are per room, per night, and do not include 14.25% tax. Note: Room rates

- Reservations must be guaranteed with one night's advance deposit. You may guarantee your reservations by using one of these methods:
 - A.Credit Card: use American Express, Diners Club, Visa, MasterCard or Discover (mail, telephone or fax)
 - B.Check or Money Order: mail this reservation form with one night's deposit including 14.25% tax. Make check, money order or cashier's check payable to: Adventure Travel. Checks payable in U.S. funds drawn on a U.S. bank only.
- 2. Check-in time is 3:00 P.M. Check-out time is noon.
- Cancellations, no-shows, or early departures without advance notice (72 hours prior to arrival) will result in a forfeiture of full deposit.
- Room Block Cancellation
 Penalty: In addition to the hotel
 policy listed in item three,
 cancelling rooms after
 September 16 will result in a
 \$50 per room cancellation
 penalty.

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P.O. BOX 889, LAWTON, OK 73502 • FAX: (580) 353-5393 • PH: (800) 540-9030 • WEB: WWW.ADV-TRAVEL.COM