

2021 ANNUAL AMTA CONFERENCE REGISTRATION

A Unique, Virtual Experience



Step 1 - Your Information

Last Name		First Name		Preferred name (if different than first name)	
Address			City	State	Zip/Postal Code
Home Phone		Work Phone		Email	

Step 2 - AMTA Membership

AMTA Membership — (NOTE: Only current 2021 AMTA members are eligible for discounts. If you are a member next year in 2022, you may enjoy the conference discount at the 2022 conference. If not a current member, you may purchase 2021 membership and register at the same time.)

- 2021 Professional Membership..... \$250
 2021 Student Membership..... \$95

Total Membership \$ _____

Step 3 - Conference Registration

Conference Registration Cost — (please check one)

	Early	Regular	Late
Paid/Postmarked by:	8/20/21	9/24/21	after 9/25/21
Conference Registration.....	<input type="checkbox"/> \$399	<input type="checkbox"/> \$439	<input type="checkbox"/> \$479
AMTA Member Discounted Registration.....	<input type="checkbox"/> \$299	<input type="checkbox"/> \$339	<input type="checkbox"/> \$379
Full-time Student Discounted Registration	<input type="checkbox"/> \$199		
AMTA Student Member Discounted Registration	<input type="checkbox"/> \$149		
High School Student Track Only.....	<input type="checkbox"/> \$25		
One Day Registration (day: _____).....	<input type="checkbox"/> \$299		

Must be postmarked by date indicated - without exception - for discounted rates.

Total Registration \$ _____

Step 4 - Add-on Courses (check schedule carefully for conflicts)

Add-on Course..... \$	Add-on Course..... \$	Add-on Course..... \$
<input type="checkbox"/> A..... \$60	<input type="checkbox"/> I..... \$100	<input type="checkbox"/> Q..... \$60
<input type="checkbox"/> B..... \$60	<input type="checkbox"/> J..... \$60	<input type="checkbox"/> R..... \$60
<input type="checkbox"/> C..... \$20	<input type="checkbox"/> K..... \$60	<input type="checkbox"/> S..... \$100
<input type="checkbox"/> D..... \$60	<input type="checkbox"/> L..... \$100	<input type="checkbox"/> T..... \$100
<input type="checkbox"/> E..... \$60	<input type="checkbox"/> M..... \$100	<input type="checkbox"/> U..... \$60
<input type="checkbox"/> F..... \$60	<input type="checkbox"/> N..... \$0	<input type="checkbox"/> V..... \$60
<input type="checkbox"/> G..... \$0	<input type="checkbox"/> O..... \$100	<input type="checkbox"/> W..... \$60
<input type="checkbox"/> H..... \$60	<input type="checkbox"/> P..... \$60	

Total Add-on Courses \$ _____

Step 5 - Discount Options

- * Professional Member Bring a Professional Non-member - \$75 off each
 * Discount on Multiple Registrations from SAME Organization - \$60 off each

Total Discount \$ _____

** See conference website for discount rules. Off-line registration only. Send in all registrations together to ensure discounts*

Step 6 - Total Sections 2-5

Total Membership	\$
Total Conference Registration	\$
Total Add-on Courses	\$
Optional AMTA Donation (suggested \$50)	\$
Optional Donation to support a student attendee	\$
Less Discount from Step 5	— \$

GRAND TOTAL \$ _____

Step 7 - Payment Information

Paying by — (please check one)

- Visa MasterCard Discover Check Money Order

I agree to pay the above amount:

Card number: _____

Exp. date: _____ CVV#: _____

Signature (required): _____

After October 1, please register online or call the office to register.

Step 8 - Sign and Mail or Fax with Payment

AMTA may share your contact information with conference exhibitors/sponsors who help to support AMTA's mission. If you do not want your information shared with 3rd party vendors, opt-out here:

ADA Accommodation Request (confidential; you will be contacted for information):

Waiver — (please read and sign)

By registering for this conference, I agree and acknowledge that I am undertaking participation in these events as my own free and intentional act and I do hereby assume responsibility for my own well-being. I agree not to allow any other individual to participate in my place. I agree to abide by the Conference Code of Conduct, Anti-Harassment, and other policies available on the conference page at www.musictherapy.org/events/amt2021-conference/

Signature (required): _____ Date: _____

Please make payment payable in US Funds drawn on a US Bank.

Mail full payment with all registration forms to:
 AMTA, 8455 Colesville Rd., Ste. 1000, Silver Spring, MD, 20910 USA
 (301) 589-3300 | Fax (301) 589-5175 | conference@musictherapy.org