

2015 AMTA Conference Registration

Music Therapy: A Continuum of Growth

Sheraton Kansas City • Kansas City, Missouri • November 11-15, 2015

Step 1 - Your Information

Last Name _____ First Name _____ First name or nickname as you would like it to appear on your badge _____ Credentials _____

Address _____ City _____ State _____ Zip/Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Fax _____ Email _____

Special Needs Check here if a disability requires accommodation for you to fully participate.

Step 2 - Conference Registration

AMTA 2015 Membership — (NOTE: Only current 2015 AMTA members are eligible for discounts. If you are a member next year in 2016, you may enjoy the conference discount at the 2016 conference. If not a current member, you may purchase 2015 membership and register at the same time.)

- 2015 Professional Membership..... \$250
 2015 Student Membership..... \$95

Total Membership \$ _____

Conference Registration Type — (please check one)

	Early	Regular	Late
	Postmarked by 8/3/15	Postmarked by 10/7/15	Postmarked after 10/7/15
Conference Registration Cost.....	<input type="checkbox"/> \$610.....	<input type="checkbox"/> \$710.....	<input type="checkbox"/> \$810
AMTA Member Discounted Cost.....	<input type="checkbox"/> \$360.....	<input type="checkbox"/> \$460.....	<input type="checkbox"/> \$560
Full-time Student Registration Cost.....	<input type="checkbox"/> \$320.....	<input type="checkbox"/> \$320.....	<input type="checkbox"/> \$370
AMTA Student Member Discounted.....	<input type="checkbox"/> \$225.....	<input type="checkbox"/> \$225.....	<input type="checkbox"/> \$260
One Day (which day? _____).....	<input type="checkbox"/> \$560.....	<input type="checkbox"/> \$560.....	<input type="checkbox"/> \$560

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

Total Registration \$ _____

Step 3 - Additional Courses (check schedule carefully for conflicts)

Intensive Trainings & Institutes:

	Cost \$	Member discounted \$
<input type="checkbox"/> Bonny Method GIM I.....	\$860.....	\$625
<input type="checkbox"/> NMT Training.....	\$700.....	\$450
<input type="checkbox"/> Documentation in MT.....	\$365.....	FREE
<input type="checkbox"/> NICU Training.....	\$435.....	\$200
<input type="checkbox"/> Leadership Academy.....	\$365.....	\$80
<input type="checkbox"/> Psychotherapy in MT Practice.....	\$365.....	\$130
<input type="checkbox"/> Filling Your Toolbox.....	\$365.....	\$130
<input type="checkbox"/> Reiki Level I.....	\$365.....	\$130
<input type="checkbox"/> First Sounds.....	\$435.....	\$200
<input type="checkbox"/> MT Assisted Childbirth.....	\$435.....	\$200
<input type="checkbox"/> Early Childhood.....	\$415.....	\$180
<input type="checkbox"/> Drumming for Clinical Pops.....	\$415.....	\$180

Total Institutes & Trainings \$ _____

5-credit CMTE courses: members, \$100; non-members, \$350
 (*CMTE N free to qualified AMTA members)

- A B C D E F G H
 I J K L M N*

Total 5 credit CMTEs \$ _____

3-credit CMTE courses: members, \$60; non-members, \$310
 (*CMTEs S, T, U free to qualified AMTA members)

- O P Q R S* T* U*

Total 3 credit CMTEs \$ _____

Step 4 - Total

Total Membership..... \$ _____
 Total Registration..... \$ _____
 Total Institutes & Trainings..... \$ _____
 Total 5 credit CMTEs..... \$ _____
 Total 3 credit CMTEs..... \$ _____
 Optional AMTA Donation (suggested \$50)..... \$ _____

GRAND TOTAL \$ _____

Step 5 - Payment

Paying by — (please check one)

- Visa MasterCard Discover Check Money Order

I agree to pay the above amount:

Card number: _____

Exp. date: _____

Signature (required): _____

After Nov. 1, please register online or on-site.

Step 6 - Sign and Mail or Fax

Waiver — (please read and sign)

I agree and acknowledge that I am undertaking such participation in these conference events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur as a result of my participation in these events. I do hereby assume responsibility for my own well being. I agree not to allow any other individual to participate in my place. I have reviewed and agree to the refund policy available at www.musictherapy.org.

Signature (required): _____ Date: _____

Please make payment payable in US Funds drawn on a US Bank.
 Payment must be made in full and mailed with this registration form to:

AMTA, 8455 Colesville Rd., Ste. 1000
 Silver Spring, MD, USA 20910
 Fax (301) 589-5175 — www.musictherapy.org