

AMTA Conference Registration

Millennium Hotel • St. Louis, Missouri • November 21 — 23, 2008

Special courses fill up quickly; register on-line at www.musictherapy.org for first priority or complete this form for faxed/mailed registration.

Step 1 - Your Information

Last Name	First Name	First name 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 2009 Membership — (Join & pay the discounted conference fee!)

- 2009 Professional Membership \$220
 2009 Student Membership \$80

Total Membership \$ _____

Conference Registration Type — (please check one)

	Express <small>Postmarked by 7/18/08</small>	EarlyBird <small>Postmarked by 10/1/08</small>	Regular <small>Postmarked after 10/1/08</small>
AMTA Member	<input type="checkbox"/> \$290	<input type="checkbox"/> \$390	<input type="checkbox"/> \$490
Non-Member.....	<input type="checkbox"/> \$510	<input type="checkbox"/> \$610	<input type="checkbox"/> \$710
AMTA Student Member	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$160
Full-time Student Non-member	<input type="checkbox"/> \$220	<input type="checkbox"/> \$220	<input type="checkbox"/> \$240
One Day (which day? _____)	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460	<input type="checkbox"/> \$460

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

Total Registration \$ _____

Step 3 - Institutes and Trainings

Institutes & Trainings — (times may conflict, please check schedule)

	AMTA Member & Non-member \$
<input type="checkbox"/> Music Together Teacher Training	\$425
<input type="checkbox"/> Rhythmic Alchemy Playshop.....	\$350
<input type="checkbox"/> NICU Music Therapy.....	\$175
<input type="checkbox"/> Early Stage Dementia Symposium (mARCHing).....	\$100
<input type="checkbox"/> School Aged Populations Institute	\$130
<input type="checkbox"/> Medical Music Therapy Institute.....	\$130
<input type="checkbox"/> Neuroscience of Older Adults Institute.....	\$130
<input type="checkbox"/> Building A Practice Institute (members registered for conf.) ..	Free

Total Institutes & Trainings \$ _____

CMTE Courses - (Times may conflict, please check schedule carefully. You must be registered for the conference to take a CMTE Course.)

Cost: Each course \$100

- A B C D E F G H
 I J K L M N O P
 Q R S T* U V W X
 Y Z

(*CMTE T free to qualified AMTA members)

Total CMTEs \$ _____

Step 4 - Total

Add from previous column—

Total Membership	\$ _____
Total Registration.....	\$ _____
Total Institutes & Trainings.....	\$ _____
Total CMTEs	\$ _____
AMTA Donation (optional)	\$ _____

GRAND TOTAL \$ _____

Step 5 - Payment

Paying by — (please check one)

- Visa MasterCard Check Money Order

I agree to pay the above amount:

Card number: _____

Exp. date: _____

Billing Address: _____

Signature (required): _____

After Nov. 7, please register 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