

2013 AMTA Conference Registration

Voices of the Sea | Music Therapy @ Florida

November 19-24th | Jacksonville, Florida

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 Membership — (NOTE: Only current AMTA members are eligible for conference discounts. If you're not a current member, you can purchase both together but must put membership in your online shopping cart first. Please call the AMTA national office if you have questions.)

Professional Membership2013 \$2352014 \$235
 Student/Grad Membership2013 \$802014 \$95

Total Membership \$ _____

Conference Registration Type — (please check one)

| | Early | Regular | Late |
|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------|
| | Postmarked by 8/2/13 | Postmarked by 10/21/13 | Postmarked after 10/21/13 |
| AMTA Member | <input type="checkbox"/> \$340 | <input type="checkbox"/> \$440 | <input type="checkbox"/> \$540 |
| Non-member | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$775 |
| AMTA Student Member | <input type="checkbox"/> \$170 | <input type="checkbox"/> \$170 | <input type="checkbox"/> \$190 |
| Full-time Student Non-member | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$270 |
| One Day (which day? _____) | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$510 |

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

Total Registration \$ _____

Step 3 - Institutes & Trainings (times may conflict, check schedule)

| | AMTA Member \$ | Non-member \$ |
|--|----------------|---------------|
| <input type="checkbox"/> NICU Training | \$175..... | \$410 |
| <input type="checkbox"/> Free Research Mini-institute | FREE..... | \$365 |
| <input type="checkbox"/> Music Therapy & Aging Institute | \$130..... | \$365 |
| <input type="checkbox"/> Get It Funded Institute | \$130..... | \$365 |
| <input type="checkbox"/> Medical Music Therapy Institute | \$130..... | \$365 |

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 per course: members, \$100; non-members, \$335

(courses marked * free to qualified AMTA members attending the conference)

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 AA BB* CC*

Total CMTEs \$ _____

Step 4 - Total

Add from previous column—

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

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: _____

Signature (required): _____

After Nov. 10, 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