

2014 AMTA Conference Registration

Pursue Your Passion for Music Therapy

November 6-9th | Louisville, Kentucky

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 in 2014 are eligible for 2014 conference discounts. If you're not a current member, you may purchase both together but must put membership in your online shopping cart first. Please call the AMTA national office if you have questions.)

2014 Professional Membership \$235
 2014 Student/Grad Membership \$95

Total Membership \$ _____

Conference Registration Type — (please check one)

	Early	Regular	Late
	Postmarked by 8/1/14	Postmarked by 10/20/14	Postmarked after 10/20/14
AMTA Member	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Non-member	<input type="checkbox"/> \$585	<input type="checkbox"/> \$685	<input type="checkbox"/> \$785
AMTA Student Member	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$250
Full-time Student Non-member	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$360
One Day (which day? _____)	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550	<input type="checkbox"/> \$550

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 \$
Foundational N.M.T. Training.....	<input type="checkbox"/> \$625.....	<input type="checkbox"/> \$860
Sound Birthing Workshop.....	<input type="checkbox"/> \$425.....	<input type="checkbox"/> \$660
FREE Assessment Institute*.....	<input type="checkbox"/> FREE.....	<input type="checkbox"/> \$365
First Sounds Institute.....	<input type="checkbox"/> \$300/ <input type="checkbox"/> \$500^	<input type="checkbox"/> \$535/ <input type="checkbox"/> \$735^
Legacy to Ethics/Hospice Institute.....	<input type="checkbox"/> \$130.....	<input type="checkbox"/> \$365
Early Childhood/Adolescent Institute....	<input type="checkbox"/> \$130.....	<input type="checkbox"/> \$365
Neonatal Training	<input type="checkbox"/> \$180.....	<input type="checkbox"/> \$415

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*

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 Oct. 31, 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