

2020 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 _____ Country _____

Home Phone _____ Work Phone _____ Email _____

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

Step 2 - Membership/Conference Registration

AMTA 2020 Membership — (NOTE: Only current 2020 AMTA members are eligible for discounts. If you are a member next year in 2021, you may enjoy the conference discount at the 2021 conference. If not a current member, you may purchase 2020 membership and register at the same time.)

- 2020 Professional Membership..... \$250
 2020 Student Membership..... \$95

Total Membership \$ _____

Conference Registration Cost — (please check one)

- | | | |
|--|--|--------------------------------|
| | Early | Regular |
| | <i>Paid/Postmarked: by 9/15/20 after 9/15/20</i> | |
| Conference Registration..... | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$325 |
| AMTA Member Discounted Registration..... | <input type="checkbox"/> \$199 | <input type="checkbox"/> \$250 |
| Full-time Student Discounted Registration..... | <input type="checkbox"/> \$99 | <input type="checkbox"/> \$99 |
| Neuroscience Track Only | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$150 |
| High School Student Track Only..... | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$25 |
| One Day Registration (which day? _____) | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 |

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

Total Registration \$ _____

Step 3 - Add-on Courses (check schedule carefully for conflicts)

Cost	Memb. Disc. \$	Cost	Memb. Disc. \$
<input type="checkbox"/> A.....\$260	.....\$60	<input type="checkbox"/> M.....\$300	.....\$100
<input type="checkbox"/> B.....\$260	.....\$60	<input type="checkbox"/> N.....\$300	.....\$100
<input type="checkbox"/> C.....\$260	.....\$60	<input type="checkbox"/> O.....\$300	.....\$20
<input type="checkbox"/> D.....\$300	.....\$100	<input type="checkbox"/> Q.....\$300	.....\$100
<input type="checkbox"/> E.....\$300	.....\$100	<input type="checkbox"/> R.....\$260	.....\$60
<input type="checkbox"/> F.....\$300	.....\$100	<input type="checkbox"/> S.....\$260	.....\$60
<input type="checkbox"/> G.....\$260	.....\$20	<input type="checkbox"/> T.....\$260	.....\$60
<input type="checkbox"/> H.....\$300	.....\$20	<input type="checkbox"/> U.....\$300	.....\$100
<input type="checkbox"/> I.....\$300	.....\$100	<input type="checkbox"/> V.....\$300	.....\$100
<input type="checkbox"/> J.....\$300	.....\$100	<input type="checkbox"/> W.....\$300	.....\$100
<input type="checkbox"/> K.....\$260	.....\$60	<input type="checkbox"/> X.....\$260	.....\$60
<input type="checkbox"/> L.....\$260	.....\$60	<input type="checkbox"/> Y.....\$300	.....\$100

Step 4 - Total Add-on Course Fees

Total Add-on Courses \$ _____

Total from Step 3 section. Note: "Memb. Disc. \$" applies only to current, 2020 AMTA members who are registered for the conference.

Step 5 - Total

Total Membership \$ _____
 Total Registration \$ _____
 Total Add-on Courses \$ _____
 Optional AMTA Donation (suggested \$50) \$ _____

GRAND TOTAL \$ _____

Step 6 - 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 if online registration has closed.

Step 7 - Sign and Mail or Fax with Payment

Waiver — (please read and sign)

I agree and acknowledge that I am undertaking participation in these events 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 code of conduct, refund policy, and other policies available on the conference page 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, 20910 USA
 Fax (301) 589-5175
www.musictherapy.org