

2018 Annual AMTA Conference Registration

Music Therapy for a Growing World

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 - Membership/Conference Registration

AMTA 2018 Membership — (NOTE: Only current 2018 AMTA members are eligible for discounts. If you are a member next year in 2019, you may enjoy the conference discount at the 2019 conference. If not a current member, you may purchase 2018 membership and register at the same time.)

- 2018 Professional Membership..... \$250
 2018 Student Membership..... \$95

Total Membership \$ _____

Conference Registration Cost — (please check one)

	Early	Regular	Late
	Postmarked by 8/6/18	Postmarked by 10/11/18	Postmarked after 10/11/18
Conference Registration \$	<input type="checkbox"/> \$655.....	<input type="checkbox"/> \$755.....	<input type="checkbox"/> \$855
AMTA Member Discounted \$	<input type="checkbox"/> \$380.....	<input type="checkbox"/> \$480.....	<input type="checkbox"/> \$580
Full-time Student Registration Disc. \$	<input type="checkbox"/> \$365.....	<input type="checkbox"/> \$365.....	<input type="checkbox"/> \$400
AMTA Student Member Disc. \$	<input type="checkbox"/> \$245.....	<input type="checkbox"/> \$245.....	<input type="checkbox"/> \$280
One Day \$ (which day? _____)	<input type="checkbox"/> \$580.....	<input type="checkbox"/> \$580.....	<input type="checkbox"/> \$580

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

Total Registration \$ _____

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

_____	Cost	Memb. Disc. \$	_____	Cost	Memb. Disc. \$
<input type="checkbox"/> A.....	\$850	\$650	<input type="checkbox"/> V.....	\$260	\$60
<input type="checkbox"/> B.....	\$500	\$300	<input type="checkbox"/> W.....	\$260	\$60
<input type="checkbox"/> C.....	\$25	\$25	<input type="checkbox"/> X.....	\$300	\$100
<input type="checkbox"/> D.....	\$450	\$250	<input type="checkbox"/> Y.....	\$300	\$20
<input type="checkbox"/> E.....	\$320	\$120	<input type="checkbox"/> Z.....	\$300	\$100
<input type="checkbox"/> F.....	\$435	\$200	<input type="checkbox"/> AA.....	\$300	\$100
<input type="checkbox"/> G.....	\$360	\$160	<input type="checkbox"/> BB.....	\$300	\$100
<input type="checkbox"/> H.....	\$300	\$100	<input type="checkbox"/> CC.....	\$300	\$100
<input type="checkbox"/> I.....	\$300	\$100	<input type="checkbox"/> DD.....	\$300	\$100
<input type="checkbox"/> J.....	\$260	\$20	<input type="checkbox"/> EE.....	\$300	\$20
<input type="checkbox"/> K.....	\$260	\$20	<input type="checkbox"/> FF.....	\$260	\$60
<input type="checkbox"/> L.....	\$260	\$20	<input type="checkbox"/> GG.....	\$260	\$60
<input type="checkbox"/> M.....	\$300	\$100	<input type="checkbox"/> HH.....	\$260	\$60
<input type="checkbox"/> N.....	\$300	\$100	<input type="checkbox"/> II.....	\$300	\$20
<input type="checkbox"/> O.....	\$300	\$100	<input type="checkbox"/> JJ.....	\$260	\$60
<input type="checkbox"/> P.....	\$300	\$100	<input type="checkbox"/> KK.....	\$260	\$60
<input type="checkbox"/> Q.....	\$300	\$100	<input type="checkbox"/> LL.....	\$260	\$60
<input type="checkbox"/> R.....	\$300	\$100	<input type="checkbox"/> MM.....	\$300	\$100
<input type="checkbox"/> S.....	\$260	\$60	<input type="checkbox"/> NN.....	\$300	\$100
<input type="checkbox"/> T.....	\$260	\$60	<input type="checkbox"/> OO.....	\$260	\$20
<input type="checkbox"/> U.....	\$260	\$60	<input type="checkbox"/> PP.....	\$315	\$255

Step 4 - Total Additional Course Fees

Total Additional Courses \$ _____

Note: "Memb. Disc. \$" applies to current, 2018 AMTA members who are registered for the conference.

Step 5 - Total

Total Membership	\$ _____
Total Registration.....	\$ _____
Total Additional 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, USA 20910
 Fax (301) 589-5175 — www.musictherapy.org