

**2007 Symposium on Music Teacher Education
REGISTRATION**

September 13-15, 2007 • THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

GUEST INFORMATION

Please use a separate form for each attendee. Please type or print clearly.

| | | | | | | | | |
|--------------------|--|--|----------------|--|--|-----------|--|--|
| FIRST NAME | | | MIDDLE INITIAL | | | LAST NAME | | |
| MAILING ADDRESS | | | | | | | | |
| CITY / STATE / ZIP | | | | | | | | |
| TELEPHONE | | | FAX | | | EMAIL | | |

REGISTRATION

| | | | |
|---|-----------------------------|----------|----|
| EARLY REGISTRATION <i>(Received by August 1)</i> | STANDARD \$175.00 | \$ _____ | 00 |
| | FULL-TIME STUDENT * \$75.00 | \$ _____ | . |
| REGULAR REGISTRATION <i>(Received after August 1)</i> | STANDARD \$195.00 | \$ _____ | 00 |
| | FULL-TIME STUDENT * \$75.00 | \$ _____ | . |
| ON-SITE REGISTRATION | STANDARD \$215.00 | \$ _____ | 00 |
| | FULL-TIME STUDENT * \$95.00 | \$ _____ | . |

* FULL-TIME STUDENTS MUST SHOW STUDENT ID AT CHECK-IN TO VERIFY STATUS.

AMENITIES

Registration includes an opening keynote speech reception as well as a closing banquet. Additional guests may accompany registrants to these social portions of the symposium for the costs denoted below.

| | | |
|--|----------|----|
| Please add _____ guests for the opening reception (\$15 each). | \$ _____ | 00 |
| Please add _____ guests for the closing banquet (\$25 each). | \$ _____ | 00 |

GRAND TOTAL: \$ _____ 00

METHOD OF PAYMENT

Refunds for cancellations will be honored before September 1 less a \$50.00 cancellation fee. No refunds will be issued for cancellations after September 1.

Check (Payable to UNCG. Please mail check with completed registration form.)

| | | | | |
|---|--|------------------|-------------------------|----------------------------|
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | | ACCOUNT NUMBER | EXP. DATE | 3-Digit Card Security Code |
| NAME AS APPEARS ON CARD | | BILLING ZIP CODE | AUTHORIZATION SIGNATURE | |

Mail check or credit authorization with registration form to:

SMTE REGISTRATION
Dr. David Teachout
School of Music
P.O. Box 26170
UNC Greensboro
Greensboro, NC 27402-6170

Fax registration with credit authorization to:

ATTN: Dr. David Teachout, SMTE
FAX: (336) 334-5497

For questions or more information, please contact us at:

smte@uncg.edu
or see
http://smte.us