

**2009 Symposium on Music Teacher Education  
REGISTRATION**

**SEPTEMBER 10-12, 2009 • 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 FEE <i>(Received by August 1)</i>	STANDARD \$195.00	\$ _____ .00
	FULL-TIME STUDENT * \$75.00	\$ _____ .
REGULAR REGISTRATION FEE <i>(Received after August 1)</i>	STANDARD \$215.00	\$ _____ .00
	FULL-TIME STUDENT * \$75.00	\$ _____ .
ON-SITE REGISTRATION FEE	STANDARD \$235.00	\$ _____ .00
	FULL-TIME STUDENT * \$95.00	\$ _____ .

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

**AMENITIES**

Registration fee 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 _____ guest(s) for the opening reception (\$15 each).	\$ _____ .00
Please add _____ guest(s) 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	3DIGIT 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  
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**