

# 2011 Symposium on Music Teacher Education REGISTRATION

**SEPTEMBER 15-17, 2011 • 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	\$ _____ <sup>00</sup>
	FULL-TIME STUDENT* \$75.00	\$ _____ <sup>00</sup>
REGULAR REGISTRATION FEE <i>(Received after August 1)</i>	STANDARD \$215.00	\$ _____ <sup>00</sup>
	FULL-TIME STUDENT* \$75.00	\$ _____ <sup>00</sup>
ON-SITE REGISTRATION FEE	STANDARD \$235.00	\$ _____ <sup>00</sup>
	FULL-TIME STUDENT* \$95.00	\$ _____ <sup>00</sup>
*FULL-TIME STUDENTS MUST SHOW STUDENT ID AT CHECK-IN TO VERIFY STATUS.		

## AMENITIES

The registration fee covers the opening keynote speech reception and the 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).	\$ _____ <sup>00</sup>
Please add _____ guest(s) for the closing banquet (\$25 each).	\$ _____ <sup>00</sup>
<b>GRAND TOTAL:</b>	\$ _____ <sup>00</sup>

## 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.

<input type="checkbox"/> Check ( <b>Payable to UNCG</b> . 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

<p><i>Mail check (payable to UNCG) or credit card authorization with registration form to:</i></p> <p>Amanda R. Hughes UNC Greensboro School of Music, Theatre and Dance P.O. Box 26170 Greensboro, NC 27402-6170</p>	<p><i>Fax registration form with credit card authorization to:</i></p> <p>ATTN: Amanda R. Hughes, SMTE FAX: (336) 334-5497</p>	<p><i>For questions or more information, please contact us at:</i></p> <p style="text-align: center;"><b>smte@uncg.edu</b></p> <p style="text-align: center;"><i>or see</i></p> <p style="text-align: center;"><b>http://smte.us</b></p>
---	--	--