

**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