

American Music Research Center, University of Colorado at Boulder

MUSIC AND HEALTH IN AMERICA

June 28-30, 2007 Boulder, Colorado

REGISTRATION FORM for INDIVIDUAL DAY(s)

If you plan to attend all three days, please use the Full Symposium Registration Form

Name _____ Name preferred on Name Badge _____

Address _____ Title or Affiliation for Name Badge _____

_____ Permission to publish your name/contact info in list of attendees?

Email _____ Yes No _____

Phone _____

Amount

DAILY FEE for Thurs, June 28	# _____ @ \$125 =	\$ _____
DAILY FEE for Fri, June 29	# _____ @ \$125 =	\$ _____
DAILY FEE for Sat, June 30	# _____ @ \$125 =	\$ _____

Some of the following workshops and events are included with your registration fee.
For planning purposes, please indicate which ones you will attend,
for the days you registered

Thurs, June 28

Afternoon Workshop Choice (choose one)	A _____ B _____ C _____	n/c
Building a Vocal Community Workshop/Reception	Y _____ N _____	n/c

Fri, June 29

Afternoon Workshop Choice (choose one)	A _____ B _____ C _____	n/c
Blues as Healer Experiential Performance	Y _____ N _____	n/c
Colorado Music Festival Concert	# _____ @ \$35 =	\$ _____

Sat, June 30

Picnic Lunch on the Lawn	# _____ @ \$10 =	\$ _____
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NOTE: You may attend the dinner & concert, regardless of which day you register for.

Closing Dinner at the Boulderado Hotel	Tenderloin of Beef	# _____ @ \$65 =	\$ _____
	Stuffed Chicken Breast	# _____ @ \$65 =	\$ _____
	Vegetarian Ravioli	# _____ @ \$65 =	\$ _____

Alcohol not included; cash bar available. Space for the banquet is limited and will be filled on a first-come, first-served basis.

Healing Voices Concert - Ars Nova & Sound Circle	# _____ @ \$20 =	\$ _____
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NOTE: You may sign up for workshops, if you have signed up for any of the previous 3 days.

Sun, July 1 - Optional Workshops

Music & Soulmaking (B. Crowe)	# _____ @ \$65 =	\$ _____
Experiential Session in GIM (L. Rugenstein)	# _____ @ \$65 =	\$ _____

Space limited for GIM workshop and will be filled on a first-come, first served basis

TOTAL REGISTRATION:

\$ _____

PAYMENT METHOD:

___ Check Enclosed, payable to "University of Colorado"
___ Credit Card Visa/MC

_____ Name on card
 _____ Number
 _____ Expiration

MAIL or FAX Registration Form and Payment to:

AMRC-Music and Health Registration or by Fax to: 303-735-2624
 18th & Euclid - College of Music
 Campus Box 301
 Boulder CO 80309-0301

Questions? Call 303-735-0237