

REGISTRATION

Name _____

Name preferred for name badge _____

Title or affiliation for name badge _____

Address _____

Email _____

Phone _____

Permission to publish your name/contact information in list of attendees? Yes No

SYMPOSIUM FEE

(Before March 31) # _____ @ \$250 = \$ _____

(On or after April 1) # _____ @ \$300 = \$ _____

Some of the following workshops and events are included with your registration fee. For planning purposes, please indicate which ones you will attend; we will offer any unused tickets for sale to friends of symposium participants and to the general public.

Thursday, June 28

Afternoon Workshop A B C N/C
(choose one)

Building a Vocal Community Workshop/Reception Yes No N/C

Friday, June 29

Afternoon Workshop A B C N/C
(choose one)

Blues as Healer Experiential Performance Yes No N/C

Colorado Music Festival Concert # _____ @ \$35 = \$ _____

Saturday, June 30

Picnic Lunch # _____ @ \$10 = \$ _____

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 # _____ @ \$20 = \$ _____

Ars Nova & Sound Circle

Sunday, July 1 – Optional Workshops

Music & Soulmaking (B. Crowe) # _____ @ \$65 = \$ _____

GIM Experiential (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"

Mail registration form and payment to:

AMRC - Music and Health Registration

18th and Euclid - College of Music

Campus Box 301

Boulder, CO 80309-0301

Questions? Please call (303) 735-0237