

TWENTY-SECOND ADVANCED FELLOWSHIP TRAINING

Date: August 24 & 25, 2012

Location: Fort Collins, CO

CONTACT INFORMATION

Name (as it will appear on your certificate): _____

Name on Receipt (if different than above): _____

CBMT Number: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Year of Last NMT Training (Institute OR Fellowship): _____

REGISTRATION AND PAYMENT

Your registration fee includes *training fees, lunches both days and an evening reception*. Acceptance will be confirmed or denied upon receipt of your registration form. Please do not book flights until registration acceptance has been confirmed. For a nominal fee, you are welcome to bring guests to the reception.

Check ALL that apply:

_____ Fellowship Registration Fee	\$370.00
_____ Extra reception guests (number _____)	\$25.00 per guest
_____ Late Fee (if postmarked after July 31 st , 2012)	\$50.00

TOTAL COST \$ _____

Payment Method (circle one): Cash¹ Check² Money Order¹²

¹Make checks and money orders payable to **Music and Neuroscience**.

²**Non-US Residents:** Only **cash** and/or **money orders** will be accepted.

Video Example Format (circle one): DVD Flash Drive (PC format)

Make Checks Payable to "Music and Neuroscience"

Mail registration form and payment to:

The Assistant Director
The Center for Biomedical Research in Music
Colorado State University
Fort Collins, CO 80523-1778.

You will be contacted via email when your registration has processed. Acceptance will be confirmed or denied upon receipt of your registration form. Please do not book flights until registration acceptance has been confirmed.