

TWENTY-NINTH INTERNATIONAL TRAINING INSTITUTE IN NEUROLOGIC MUSIC THERAPY

Date: February 23-26, 2012

Location: Fort Collins, CO

CONTACT INFORMATION

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

Name on Receipt (if different than above): _____

CBMT Number (if applicable) _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Are you a music therapist? Y N If no, what is your field? _____

Are you an NMT re-taking the Institute? Y N If yes, what year did you take the training? _____

REGISTRATION AND PAYMENT

Your registration fee includes training fees, one copy of the NMT Training Manual¹, an appetizer reception, and a dinner reception. Additional training materials will be available for purchase at the Institute. For a nominal fee, you are welcome to bring guests to any of the two receptions.

Check ALL that apply:

_____ Regular Institute Registration Fee	\$575.00
_____ Institute Re-Registration Fee ²	\$350.00
_____ Extra copy of Training Manual ²	\$25.00
_____ Extra guest(s) at appetizer reception on Thursday evening (number _____)	\$15.00 per guest
_____ Extra guest(s) at dinner reception on Saturday evening (number _____)	\$25.00 per guest
_____ Late Fee (if postmarked after January 27 th , 2012)	\$50.00

TOTAL COST \$ _____

¹For new Institute participants only. NMTs re-taking the training can either bring their original copy or buy a new copy.

²For current NMTs who are re-taking the Institute.

Payment Method (circle one):

Cash³

Check⁴

Money Order³⁴

³Make checks and money orders payable to **Music and Neuroscience**.

⁴**Non-US Residents:** Only cash and/or money orders will be accepted.

Mail registration form and payment (made payable to "Music and Neuroscience") 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