

The 72nd Annual CMEA In-Service Conference



April 19-21, 2018 Connecticut Convention Center, Hartford

REGISTRATION FORM

Early Registration must be received in the CMEA office postmarked no later than March 25

It is not necessary to complete this form if you have also registered online.

Name: _____

NAfME/CMEA Membership ID _____ E-mail: _____ Phone: _____

BADGE PREFERENCE:

First Name _____

School/City/Town _____

<u>Registration Type</u>		Early Registration ends March 25	Standard Registration after March 25	Total
Full Conference (3 days)	Active Member	\$155	\$180	\$ _____
	Retired Member	\$0	\$40	\$ _____
	Collegiate Member	\$0	\$40	\$ _____
	Non-Member	\$285	\$310	\$ _____
	Collegiate Non-Member	\$50	\$75	\$ _____
	Retired Non-Member	\$75	\$100	\$ _____
	Family Member (non music teacher spouse)	\$75	\$100	\$ _____
Single Day* Thursday <i>Includes bonus Saturday admission!</i>	Active Member	\$125	\$140	\$ _____
	Non-Member	\$255	\$270	\$ _____
Single Day* Friday <i>Includes bonus Saturday admission!</i>	Active Member	\$125	\$140	\$ _____
	Non-Member	\$255	\$270	\$ _____
Clinician (until March 5)		\$50	-	\$ _____
<u>Registration Sub Total</u>				\$ _____
All State Concert Ticket (Saturday) <small>Single ticket allows to both concerts 1:00 Choruses, Jazz 3:30 Band, Orchestra</small>	Number of Tickets _____ x \$25 each			\$ _____
<u>Grand Total</u>				\$ _____

Method of Payment

_____	Check # _____ <i>Make checks out to "CMEA"</i>
_____	Institutional Purchase Order (<i>School form must be attached</i>) PO # _____
_____	Credit Card _____ Visa _____ MC _____ Amex (four digit code _____)
	Card Number _____ Expiration Date _____
	Billing Address/Zip _____
	Signature _____
<i>By signing above, you are authorizing CMEA to bill charges for all requested items to your credit card.</i>	

Mail Checks or PO to: CMEA Conference PO Box 174 Cromwell, CT 06416-0174