

REGISTRATION FORM

Health Promotion in Schools of Music Conference  
September 30 ñ October 2, 2004

Please print name and degree(s) exactly as it should appear on nametag.

Full name \_\_\_\_\_

Degree(s) \_\_\_\_\_

Please provide information to be included in printed attendees list.

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

(Confirmation of registration will be given by email)

Registration fee: \$225

I will pay by: \_\_\_\_\_ Check (to UNTHSC/PACE), or  \_\_\_\_\_ Visa/Mastercard

Credit Card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Signature (as appears on credit card) \_\_\_\_\_

Mail form to: UNTHSC/PACE

- 3500 Camp Bowie Blvd
- Fort Worth, Texas 76107-2699

Or Fax this form to: (817) 735-2598

Or Call: Carol Scott at (800) 987-2263 or (817) 735-2539

### Registration/Cancellation

All registrations received up to one week before the meeting will be acknowledged by mail. An administrative fee of \$40 will be deducted from cancellations made by registrants before September 1, 2004. Thereafter, refunds will not be granted. No-shows are not eligible for a refund and all pre-registered, unpaid no-shows will be billed the full conference tuition. A \$25 service charge will be assessed to each returned check or denied debit/credit card. UNTHSC reserves the right to limit registration and, if necessary, cancel this meeting up to two weeks before the posted dates.

### Special Needs

In accordance with the American Disabilities Act, every effort has been made to ensure access for persons with disabilities. Please notify PACE, in writing, of any special accommodations you may require.