

# ArkMEA / ASTA Fall Professional Development Conference

University of Central Arkansas ~ Snow Fine Arts ~ Conway, Arkansas

**November 5 & 6, 2009**

## Teacher Registration Form

**(Not to be used for Festival Chorus or Orchestra Student Registration)**

Name \_\_\_\_\_

School \_\_\_\_\_ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (Wk): \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Check all that apply:**

Levels

1 \_\_\_ Pre-School; 2 \_\_\_ Elementary; 3 \_\_\_ Jr/Mid Sch; 4 \_\_\_ Sr High Sch; 5 \_\_\_ Col/Univ; 6 \_\_\_ Admin; 7 \_\_\_ Private/Studio

Specialty Areas

a \_\_\_ Choral; b \_\_\_ Band; c \_\_\_ Orchestra; d \_\_\_ Keyboard; e \_\_\_ Guitar; f \_\_\_ Gen. Mus.; g \_\_\_ Spec. Learners; h \_\_\_ Research;  
i \_\_\_ Teacher Ed.; j \_\_\_ Jazz; k \_\_\_ History/Theory/Composition; l \_\_\_ Voice; m \_\_\_ Technology; n \_\_\_ Mariachi

MENC # \_\_\_\_\_ ASTA # \_\_\_\_\_ Expiration Date \_\_\_\_\_

(MENC or ASTA Membership is required for student participation in the Elementary Festival Chorus or Orchestra)

**Membership in MENC or ASTA must be valid through November 2009**

<b>REGISTRATION FEES:</b>		
<b>Pre-registration must be postmarked on or before October 23, 2009</b>		
Active Member PRE-Registration (Add \$10.00 after deadline or at the DOOR)	\$40.00	\$ _____
Non-Member PRE-Registration (Add \$10.00 after deadline or at the DOOR)	\$50.00	\$ _____
CMENC/ASTA Student	5.00	\$ _____
Non-Member Student/Non-Member Retired	\$10.00	\$ _____
Retired Active Member	<b>Free</b>	\$ ____ 0 ____
<b>MEMBERSHIP FEES:</b>		
Active Membership in MENC / ArkMEA	\$89.00	\$ _____
Active Professional Membership in ASTA	\$99.00	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

**METHOD OF PAYMENT:** Check #: \_\_\_\_\_ ~ Purchase Order #: \_\_\_\_\_ ~ Receipt #: \_\_\_\_\_

**(No Purchase Orders accepted without enclosing a copy of the Purchase Order)**

\_\_\_ Credit Card: (A \$5.00 processing fee will be added to the registration total.)

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_ / \_\_\_\_  
(MM / YYYY)

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:** Arkansas Music Educators Association (ArkMEA)

**SEND PAYMENT AND REGISTRATION INFO TO:** Mike White; 5321 N. Cedar St.; North Little Rock, AR 72116

THE CLINICS OFFERED AT THIS CONFERENCE ARE APPROVED FOR IN-SERVICE CREDIT  
BY THE ARKANSAS DEPARTMENT OF EDUCATION