

# Fall Professional Development Conference

Hot Springs Convention Center

November 3 & 4, 2011

## \*\*\*\*\*Teacher Registration Invoice\*\*\*\*\*

Register online at  
www.arkmea.org

Name \_\_\_\_\_ Preferred Name on Badge \_\_\_\_\_

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

Preferred 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

**NAfME #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **ASTA #** \_\_\_\_\_  
(Required for Chorus Participation) (Required for Orchestra Participation)

**Membership in NAfME or ASTA must be valid through November 2011**

**REGISTRATION FEES:**

Check Category	Pre-registration must be postmarked on or before October 21, 2011		
Active Member PRE-Registration (Add \$10.00 after deadline)	\$40.00	\$	_____
Non-Member PRE-Registration (Add \$10.00 after deadline)	\$60.00	\$	_____
NAfME Collegiate/ASTA Student	5.00	\$	_____
Non-Member Student	\$15.00	\$	_____
Retired Active NAfME/ASTA Member	<b>Free</b>	\$	0_____
<b>MEMBERSHIP FEES:</b>			
Active Membership in NAfME / ArkMEA (Retired: \$49.00)	\$95.00	\$	_____
Active Professional Membership in ASTA (Senior, 62 or over: \$75.00)	\$105.00	\$	_____
<b>TOTAL</b>			\$ _____

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

**No purchase orders will be accepted without including a copy of the PO.**

A copy of this form should be presented to your school district as an invoice for pre-payment.

\_\_\_ 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:**

Hot Springs Convention Center – 134 Convention Blvd. – Hot Springs National Park, AR 71901

**THE CLINICS OFFERED AT THIS CONFERENCE ARE APPROVED FOR IN-SERVICE CREDIT**

**BY THE ARKANSAS DEPARTMENT OF EDUCATION**