REGISTRATION FORM-INVOICE

NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC

NINETY-SECOND ANNUAL MEETING Omni Dallas Hotel – Dallas, Texas November 18 – 22, 2016

A separate registration form and fee are required for each attendee.

Registration for NASM Pre-Meeting Workshops and the Annual Meeting will close at 5:00 p.m. EDT on Friday, October 21, 2016. The list of attendees provided in meeting packets will contain only the names of individuals who have registered by October 21. After that date, registration may be accomplished on site at the Omni Dallas Hotel, beginning at 10:00 a.m. on Friday, November 18.

Hotel reservations must be made directly with the Omni Dallas Hotel.

REGIST	RANT'S NAME					
TITLE _		DEPARTMENT/UNIT				
INSTIT	UTION/AFFILIATION					
ADDRE	SS					
CITY _			STATE		ZIP	
EMAIL			TELEPHONE			
	G DESIGNATION: (check only one) Official Voting Representative of a Member Inst Alternate Voting Representative of a Member In Non-Voting Attendee		NEWCOMER: ☐ First-Time Atte	ndee		
PRE-I	MG FEES: MEETING WORKSHOPS (FRIDAY, NOVEMBER 18 AND See consult the schedule before registering for more shments and a boxed lunch. New Music Administrators in Higher Education (Creating Effective Format A Self-Studies (Friday, Roundtable for Assistant Directors/Associate Defundraising (Saturday, 9:00 a.m. – 3:45 p.m.) Community and Two-Year Colleges (Saturday, 1	re than one NA (Friday, 2:00 p , 3:30 p.m. – 5 eans (Saturday 1:00 p.m. – 3:4	ASM pre-meeting worksh .m. – 5:00 p.m. and Satu :30 p.m. and Saturday, 8 v, 9:00 a.m. – 3:45 p.m.)	rday, 8:15 a.	m. – 3:45 p.m.)	\$ 140.00 \$ 115.00 \$ 100.00 \$ 100.00 N/C
ANNUAL MEETING (FRIDAY, NOVEMBER 18 – TUESDAY, NOVEMBER 22) Annual Meeting						ć 240 00
	Additional charge for on-site registration (if appl	licable)				\$ 210.00 \$ 25.00
	☐ Orientation for Music Executives New to NASM (Saturday, 4:00 p.m. – 5:30 p.m.)					N/C
					Total	
SPOUSE/GUEST RECEPTION: My spouse/guest will attend the Reception for Spouses/Guests (Sunday, 11:00 a.m. – 12:00 noon). If checked, please provide his/her full name:						
PAYME	NT:					
	 □ Charge \$ to my credit card (Visa, MasterCard, or American Express): Number: Exp. Date: □ A check made payable to NASM is enclosed. □ I will call the National Office (703-437-0700 ext. 118) before October 21 with my credit card information. (Note: If credit card information is not received within 7 days, NASM will send an invoice for the amount due.) 					
	If returned by mail, email, or facsimile, co	completed regi	stration form must be re	ceived by Oct	tober 21. 2016.	
M	ail to: 11250 Roger Bacon Drive. Suite 21 Reston.		-	-		/-6312

NASM's Federal Tax I.D. Number is 42 6063572

For attendees who must register on site, please bring a completed registration form to expedite the process.