

Sacred Music Colloquium XX

21-27 June 2010

Duquesne University, Pittsburgh, Pennsylvania

REGISTRATION

(One form per registrant, please)

Title (Honorific)

First Name

Last Name:

Organization or Church:

Address Line 1:

Address Line 2 (Suite or Apt)

City

State

Postal Code

Country

Vocal Range (Section)

Age

Sex

Telephone

Telephone (alternate)

E-mail:

Check all that apply:

Tuition: \$325* Single Room: \$290[§] Double Room[§] (per person): \$250 Meal Plan: \$145

I would like to help others attend with a contribution of \$_____

Enclosed is my non-refundable deposit of \$75, required to reserve my place, and deductible from tuition cost.

* Note: Tuition includes dinner Tuesday through Friday.

§ Note: Single rooms share a bath with one other single room. Double rooms share a bath with another double room.

Charge my credit card

Card Type

Card No.

Expires

Security
Code

Name as it appears on card

Billing address

City

State

Postal Code

Or mail check, made out to CMAA, to:

Church Music Association of America
Program Registration
166 North Gay Street, Suites 19 and 21
Auburn, AL 36830