

Colloquium XXVII Registration Details

June 19 – June 24, 2017 ♦ Saint Paul, Minnesota

Check or credit card payment must accompany registration. Registration and full payment must be postmarked on or before March 1st (Early Bird) or May 8th (Regular). Registrations postmarked after May 8th will be charged a \$50 late fee. You may register online at www.musicasacra.com. Registrations must be received at the CMAA Office (by mail or online) by the close of business, June 9th. After June 9th, registration is only available by telephone by calling our office at (505) 263-6298 on a space- available basis.

Cancellation: Requests received in writing at the CMAA Office postmarked on or before June 9th will receive a refund less the non-refundable \$75 deposit. After that date, refunds are given only in the form of a credit toward registration for the 2018 Colloquium. Refunds may be processed after the Colloquium. All requests for credit must be received in the CMAA office or by email (programs@musicasacra.com) by June 18th in order to be considered for credit. Late requests may only receive a partial credit, depending on charges to the CMAA for meals.

Member Discounts

With a current CMAA membership, the members' rate is available to you; it is not transferable to another person. If your parish has a CMAA parish membership, please note the name of your parish on your registration form.

Not yet a member? Join now and receive the benefits of membership for a full year for nearly the same price as a non-member registration. Additional postage charges for members outside the U.S. will be billed later. Please note: Membership rates on this form are 2017 rates.

Youth Participants

A parent or chaperone must accompany youth attendees under eighteen. The chaperone must be at least twenty-one years old and registered for the full Colloquium or as a Companion. A parental or guardian permission form and release must be on file with the CMAA or hand-carried to registration before anyone under the age of eighteen may be admitted to the Colloquium.

Daily Registration

Be sure to indicate the day(s) for which you are registering and note that the fee for full colloquium registration is usually less than the fee for multiple days.

Day rates include lunch for the days scheduled. If you wish to purchase other meals in the campus dining hall, please contact us directly at gm@musicasacra.com for pricing.

Additional Information

Companion (Adult): Those registering as companions are welcome to accompany a full Colloquium registrant to all activities *except* breakouts and choir rehearsals. A separate registration form must be filled out for **each** companion including payment for any additional activities and must include the name of the Full Convention Registrant.

Scholarship Assistance is available for partial tuition for persons or parishes of limited means. For information about the scholarship, visit the CMAA site at: <http://musicasacra.com/>. Or request a packet from the CMAA office by calling (505) 263-6298. *Application deadline is April 7.*

Photographs and Recordings: You are welcome to take photos and videos, but please do not use flash, especially during sacred liturgies.

We welcome private recordings during the Colloquium. In fact, amateur recordings are kept in a collection online by one of our members, Carl Dierschow, and are available for free access. If you do record a session or liturgy, please consider sharing your files with him so that others may hear them.

Contact us at programs@musicasacra.com for more information about sharing your recording.

MEAL PLANS

All participants will receive lunches included in the cost of their registration fee. It is highly recommended by the campus food service staff that any participants who are not Minneapolis/St. Paul residents plan to also purchase the full meal plan option.

HOTEL ACCOMMODATIONS

A group rate of \$149/night is available at the Doubletree Hotel in downtown St. Paul, MN. This hotel is not within walking distance of the University. Please see our website for more details.

To register for hotel accommodations at this special rate, access our event reservation page.

Registration Form ♦ CMAA Colloquium XXVII ♦ Saint Paul, Minnesota June 19 – 24, 2017

Please print. **Early bird** registration forms must be postmarked by March 1st. **Regular** registration forms must be postmarked by May 8th. If registering more than one person, fill out another form – photocopy the form as necessary. You may also register online at the CMAA website (musicasacra.com/colloquium). If you have not received confirmation by June 10th, please contact the CMAA office: (505) 263-6298. **Late** registration must be received at the CMAA office (by mail or online) by the close of business on June 9th. Registration after that date will be available only by telephoning the CMAA office and will be on a space available basis.

| | | | |
|-----------------------------------|-------------|----------------|---------------------------------|
| Title (Mr., Ms., Rev., etc.) | First Name | Last Name | Forum Name for Badge (optional) |
| Address | | City | State/Province Zip |
| Daytime Phone (include area code) | | E-Mail Address | |
| Parish Name* | Parish Zip* | (Arch)Diocese* | MEMBER DISCOUNT CODE |

*(only needed for Parish Memberships)

Full Colloquium Registration, including Lunches Tuesday-Friday and two Banquets

| | <u>Early Bird</u> <i>(Through March 1)</i> | <u>Regular</u> <i>(March 2-May 9)</i> | <u>Late</u> <i>(after May 9)</i> | |
|--|---|--|-------------------------------------|----------|
| CMAA Member Registration <i>(Includes all sessions plus Banquets on June 19 and 23, 2017)</i> | \$575 | \$625 | \$675 | \$ _____ |
| Not yet member: Add \$60 <i>(includes one year individual 2017 membership; foreign postage, if applicable, will be billed)</i> | | | | \$ _____ |
| Non-Member Registration | \$625 | \$675 | \$725 | \$ _____ |
| Seminarian/Student Registration | \$325 | \$375 | \$425 | \$ _____ |
| Companion <i>(Adult)</i> | \$300 | \$325 | \$350 | \$ _____ |

All events except breakouts, chant and choir rehearsals. Includes Banquets on June 19 and 23, 2017.

Name of Full Attendee _____

Daily registration (for those not attending the full colloquium)

Circle Day(s): Mon Tue Wed Thu Fri Sat

| | <u>Early Bird</u> <i>(Through March 1)</i> | <u>Regular</u> <i>(March 2-May 9)</i> | <u>Late</u> <i>(after May 9)</i> | |
|----------------------------|---|--|-------------------------------------|--------------------------|
| Daily Rate CMAA Member | \$150 | \$175 | \$200 | x _____ #days = \$ _____ |
| Daily Rate Non-CMAA Member | \$175 | \$200 | \$225 | x _____ #days = \$ _____ |

Please note: Daily rates include lunch.

* A parent or chaperone must accompany youth attendees under 18. Chaperone must be at least 21 years old and registered as a full colloquium or companion attendee. Name of accompanying parent or chaperone: _____

Signed copies of the Parental or Guardian Medical Treatment Authorization for a Minor and Release of Liability form must be on file with CMAA before anyone under the age of 18 may be admitted to the Colloquium without a parent accompanying.

Additional activities and meals

| | | |
|--|------|----------|
| Opening Banquet extra ticket <i>(included in full tuition or Companion registration, but not day rates)</i> | \$50 | \$ _____ |
| Friday Banquet extra ticket <i>(included in full tuition or Companion registration, but not day rates)</i> | \$25 | \$ _____ |
| Full Meal Plan <i>(Breakfast Tu-Sa, Dinner Tu-Th)*</i> | \$88 | \$ _____ |
| Closing Lunch Saturday <i>(not included in Full Meal Plan)</i> | \$30 | \$ _____ |
| Closing Lunch extra ticket | \$30 | \$ _____ |
| Special Dietary Concerns <i>(If you have special dietary restrictions, you may request special meals for banquets)</i> | \$25 | \$ _____ |

Please list your dietary requirements *(vegan, gluten-free, etc.)* _____

* Registration includes lunches.

Subtotal of Registration and Meals: \$ _____

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On-campus Housing

Dormitory housing at University of St. Thomas

If you are registering to stay at the University of St. Thomas, you will be staying at **Morrison Hall** or **Murray Hall**. Your reservation includes linens. All single rooms are in a shared apartment arrangement at **Morrison Hall**. Each 4-bedroom apartment includes 2 shared baths and shared sitting areas. Double rooms are at **Murray Hall**, where each two-bed room includes a private bath. **Please note that the number of double rooms is limited. If no double rooms are available when you register, you will be given a single room and will be notified of the additional amount due.**

Dormitory Rooms – Single with Shared Bath (Morrison Hall)

| | | |
|--|-------|----------|
| 5 nights 6/19-6/24 | \$275 | \$ _____ |
| 6 nights 6/19-6/25 ____ 6/18 – 6/24 ____ (check one) | \$330 | \$ _____ |
| 7 nights 6/18-6/25 | \$385 | \$ _____ |

Dormitory Rooms – Double with Shared Bath (Murray Hall)

| | | |
|-------------------------|-------|----------|
| 5 nights 6/19-6/24 | \$225 | \$ _____ |
| 6 nights 6/19-6/25 ____ | \$270 | \$ _____ |

PLEASE NOTE: Double Rooms are not available on 6/18.

Please indicate name of preferred roommate*: _____

**Please note: If you do not specify the name of your preferred roommate, we will attempt to assign one to you. If we are unable to assign a roommate, you will be responsible for single rates.*

Daily Dormitory Reservations (for those not attending the full Colloquium)

Circle Day(s): Mon (6/19) Tues (6/20) Wed (6/21) Thurs (6/22) Fri (6/23) Sat (6/24)

| | | | |
|---------------------|------|-----------------|----------|
| Daily rate (Single) | \$55 | x _____ #days = | \$ _____ |
| Daily rate (Double) | \$45 | x _____ #days = | \$ _____ |

Name of Requested Roommate (**required for daily reservations** – if you do not have a roommate, please choose the single rate)
Name: _____

| | |
|---|----------|
| Subtotal – Housing: | \$ _____ |
| Subtotal from Page One (Registration and Meals): | \$ _____ |
| TOTAL COLLOQUIUM FEES | \$ _____ |

- Check # _____ Enclosed
 I authorize CMAA to charge my: MasterCard VISA AMEX Discover

Credit Card Number _____ Expiration Date _____ Security Code (3 digits located on back or 4 digits on front for AMEX) _____

Cardholder Signature _____ Date of Signature _____

Name on Card (Please print) _____ Billing Address (if different) _____

Submit Form with Payment To:

CMAA ♦ P.O. Box 4344 ♦ Roswell, NM ♦ 88202

Phone: (575) 208-0306 day or (505) 263-6298 Email: programs@musicasacra.com

Online Registration available at: <http://musicasacra.com/colloquium>