

Registration Form

CONVENTION REGISTRATION FORM

Please print. Advance registration forms must be postmarked by June 8, 2007. If registering more than one person, fill out another form. (Photocopy form as necessary.) You may also register on the NPM website (www.npm.org). If you have not received confirmation by June 29, please contact the NPM Office (240-247-3000). Regular registration must be received at the NPM office (by mail, online, or fax) by the close of business on June 27. Registration after that date will be available on site only.

Title (Mr., Ms., Rev., etc.) _____ First Name _____ Last Name _____ Name for Badge _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (Please include area code) _____ Fax Number _____ E-Mail Address _____

FULL CONFERENCE REGISTRATION

Advance Registration: Must be postmarked by June 8, 2007

NPM Group or Member # _____ (Found above your name on all NPM labels)

Save \$\$ As a NEW NPM Member (Send completed Membership Application, with separate check for membership fees, with Convention Registration Form) Check here if you are a new member

A parent or chaperone must accompany youth attendees under 18. Chaperone must be at least 21 years old and registered as a full convention or a companion attendee.

Name of accompanying parent or chaperone: _____

A signed copy of both the Code of Conduct for Youth Participating in NPM Conventions and the Code of Conduct for Chaperones and Parents Acting as Chaperones must be on file with NPM before anyone under the age of 18 may be admitted to the Convention. For more info www.npm.org/Events/Codeofconduct.htm. (See back of registration form for full details.)

NPM Member Registration

NPM Member Clergy/Musician Duo (each)

(Available only to one clergy and one musician from the same member parish or institution)

Non-Member Registration

NPM Youth Member (21 and under—see blue box above)

Companion (Adult or Child)

Advance (before June 8) Regular/on-site (after June 8)

\$255	\$310	\$ _____
\$230	Advance only	\$ _____
\$355	\$410	\$ _____
\$165	\$215	\$ _____
\$100	\$125	\$ _____

DAILY REGISTRATION (FOR THOSE NOT ATTENDING THE FULL CONVENTION)

Circle Day(s) Mon Tue Wed Thu Fri

Advance (before June 8)

Regular/On-site (after June 8)

Daily Rate NPM member	\$100	\$110	X _____ # days =	\$ _____
Daily Rate Non - NPM member	\$125	\$135	X _____ # days =	\$ _____

ADDITIONAL ACTIVITIES THAT REQUIRE DAILY OR FULL CONVENTION REGISTRATION.

Music Ministry Leadership Retreat (Mon)	\$50
Organ Crawl (Mon)	\$25
Liturgical Space Tour (Mon)	\$25
Master Class or Clinic	\$25

(Indicate Guitar Piano Organ Cantor Flute Young Organist Young Cantor African American Piano Percussion)

Chant Intensive \$ _____

Title (Mr., Ms., Rev., etc.) _____ First Name _____ Last Name _____ Name for Badge _____

Address _____ City _____ State _____ Zip _____

Daytime Phone (Please include area code) _____ Fax Number _____ E-Mail Address _____

Sound Institute \$25

ADDITIONAL ACTIVITIES THAT DO NOT REQUIRE OR INCLUDE CONVENTION REGISTRATION

Music Education Day Sun only MusEd Member \$50 Non MusEd member \$75*

Choose one Gordon Cortez

Music Education Day Mon only MusEd Member \$50

Choose one Gordon Cortez

Music Education both days MusEd Member \$85 Non MusEd member \$110*

Sunday: Choose one Gordon Cortez

Monday: Choose one Gordon Cortez

*The non-MusEd rate includes 1 year MusEd membership dues.

Summerfest Picnic (Monday) Fried Chicken Grilled Chicken Vegetarian \$10

T-Shirt Day (Tuesday) circle size S M L XL XXL XXXL \$15

Pastoral Musicians' Breakfast (Wednesday) \$25

Additional breakfast ticket \$25

TOTAL CONVENTION FEES, INCLUDING REGISTRATION \$ _____

PAYMENT

Check # _____ Enclosed I authorize NPM to charge my: MasterCard VISA

Credit Card Number _____ Expiration Date _____ Security Code (3 digit located on back) _____

Cardholder Signature _____ Date of Signature _____ Name on Card (Please print) _____

PREFERENCES If preferences are not indicated, no preference will appear on your confirmation. If demand exceeds space, your confirmation will gain you admittance to your registered sessions.

Please check here if under the Americans with Disabilities Act (ADA), you require auxiliary aids or services. Specify special assistance required: _____

BREAKOUTS (INDICATE BREAKOUT NUMBER)

ATTENDANCE AT THE FOLLOWING IS LIMITED TO MEMBERSHIP:

	AM	PM	
Tuesday	A _____	B _____	<input type="checkbox"/> CO 1 <input type="checkbox"/> CO 2 (Tuesday during A breakout) <input type="checkbox"/> CO 3 <input type="checkbox"/> CO 4 (Thursday during B breakout)
Wednesday	XXXX	C _____	Section for Diocesan Directors of Music Meeting <input type="checkbox"/> AD 1
Thursday	D _____	E _____	DMMD Institute (B 02, C 02, E 02) <input type="checkbox"/>
Friday	F _____	XXXX	

EVENTS (CIRCLE ONE PER LINE)

Monday Events I	01-01	01-02
Monday Events II	02-01	02-02
Tuesday Quartets I	03-01	03-02 03-03 03-04
Tuesday Quartets II	04-01	04-02 04-03 04-04
Wednesday Afternoon Quartet	05-01	05-02 05-03 05-04
Thursday Evening Event - Indianapolis Children's Choir	Choose one 06-01 (6:30 PM) or 06-02 (8:30 PM)	

MAIL THIS FORM WITH PAYMENT TO:
NPM
 PO Box 4207
 Silver Spring, MD 20914-4207
 Phone: 240-247-3000
 Fax: 240-247-3001
 (with Credit Card Info ONLY)