

# 7<sup>th</sup> Annual Mid-Atlantic Region Passages Conference

## Passages 2010: Your Stepping Stone

A Music Therapy Conference for Students & New Professionals  
in the Mid-Atlantic Region of the American Music Therapy Association

**Saturday, November 6, 2010**

**Slippery Rock University**

**Slippery Rock, PA**

**9am – 5pm**

### Mail-in Registration Form

**Deadline Postmarked by October 1, 2010**

\* Attendees will be notified by email once the registration form is received.

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_ School /Alma Mater \_\_\_\_\_

Please check the one that applies:

Undergraduate Student (Year \_\_\_\_\_)     Graduate Student (Year \_\_\_\_\_)

New Professional (Year of Graduation \_\_\_\_\_)

<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> General Hospital	<input type="checkbox"/> Other
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Geriatric Facility	<input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> Child/Adolescent Treatment Ctr.	<input type="checkbox"/> Geriatric Psychiatric Unit	<input type="checkbox"/> Partial Hospitalization
<input type="checkbox"/> Children's Day Care/Preschool	<input type="checkbox"/> Group Home	<input type="checkbox"/> Physical Rehabilitation
<input type="checkbox"/> Children's Hospital or Unit	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Private Music Therapy Agency
<input type="checkbox"/> Community Based Service	<input type="checkbox"/> Hospice/Bereavement	<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Community Mental Health Ctr.	<input type="checkbox"/> ICF/MR	<input type="checkbox"/> Self Employed/Private Practice
<input type="checkbox"/> Correctional Facility	<input type="checkbox"/> Inpatient Psychiatric Unit	<input type="checkbox"/> State Institution (not ICF/MR)
<input type="checkbox"/> Day Care/Treatment Center	<input type="checkbox"/> Music Retailer	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Drug/Alcohol Program	<input type="checkbox"/> Nursing Home/Assisted Living	<input type="checkbox"/> University/College
<input type="checkbox"/> Early Intervention Program	<input type="checkbox"/> Oncology	<input type="checkbox"/> Veteran's Affairs
<input type="checkbox"/> Forensic Facility		<input type="checkbox"/> Wellness Program/Center

By sending this registration form, I am committing to attend the 7<sup>th</sup> Annual MAR Passages 2010 in Slippery Rock, PA on October 23, 2010. Please be sure to visit the Passages website at <http://www.mar-amta.org/events/passages/> for more information, including the preliminary program.

**Please check:**

**I give permission for MAR Passages & MAR AMTA to use my image (photo) for promotional use. I understand my name will not be associated with my image.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send registration form to:** Jillian Argue  
1447 Wheatsheaf Lane  
Abington, PA 19001  
**Or Email to:** [passages@mar-amta.org](mailto:passages@mar-amta.org)