

7th 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 7th 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
6500 Ridge Avenue
Philadelphia, PA 19128

Or Email to: passages@mar-amta.org