

8th Annual Mid-Atlantic Region Passages Conference

Passages 2011: Building Bridges

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

Saturday, October 15, 2011/Molloy College in Rockville Centre, NY/9am – 5pm

Email Registration Form

Deadline Postmarked by **September 17, 2011**

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

By sending this registration form, I am committing to attend the 8th Annual MAR Passages 2011 in Rockville Centre, NY on October 15, 2011. Please be sure to visit the Passages website at <http://www.maramta.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 (electronic signature) _____ Date _____

Submissions in MSWord format are preferred using this form. Please download/save this form to your computer, then save it as a new file, using the last and first name of the contact person. Please email it to: passages@mar-amta.org	Or mail to: The Rebecca Center For Music Therapy at Molloy College ATTN: Jill Lucente 1000 Hempstead Avenue Rockville Centre, NY 11571
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