

2008 Organ Conference Registration Form

Conference Registration by Oct. 5th \$130 _____
Conference Registration after Oct. 5th \$170 _____
Student Scholarship Registration \$25 _____
Single Day Registration \$60 _____
Tuesday Evening Banquet \$25 (optional) _____
Transportation \$30 (optional) _____
TOTAL \$ _____

Name: _____

Address: _____

Email: _____

Telephone: _____

Method of Payment:

Check ___ Money Order ___ IDO(UNT) ___

CC ___ Visa / MC / Amex / Discover (circle one)

Purchase Order # _____

CC# _____

Exp. _____

Cardholder Signature: _____

Fees for Sheila Paige's classes should be remitted directly to the instructor. If attending Sheila Paige's class(es), please indicate times you wish to be present. Show Auditor status by marking the space "A" and Participant status by marking "P" \$20/hour for audit or \$40 for participant.

_____ 5pm Tue. _____ 5pm Wed.

_____ 6pm Tue. _____ 6pm Wed.

You may request a disability accommodation through the ADA liaison: (940) 565-2656 TDD (940) 369-8652. AA/EOE/ADA

Mail completed registration form and payment (made payable to UNT) to:

Organ Conference

University of North Texas, CALL

P.O. Box 310560, Denton, TX 76203-0560

Credit Card, IDO and purchase order payments may be faxed to (940) 565-3801

Call (940) 565-3481 for more information.