

Registration Form – 2012 Montreat Conferences on Worship & Music

Please print clearly. Please fill out a separate form for each person registering. This form may be duplicated.
The easiest way to register is online at the PAM website, www.presbysmusic.org, where you may also view the class schedule.

Registrations will be accepted beginning December 15, 2011.

For registration questions, visit the PAM website: www.presbysmusic.org, or call 888.728.7228, ext. 5288.

NAME BADGE INFORMATION			
PREFERRED NAME FOR NAME TAG, eg. "Bob"			
FULL NAME			
CHURCH NAME		CHURCH PHONE	
CHURCH ADDRESS	CITY	STATE	ZIP

ALL GROUPS OVER 15 ARE REQUIRED TO REGISTER ONLINE.

Electives and Auditioned Ensembles

Using the course descriptions, choose the electives and/or auditioned ensembles for which you desire to enroll. Choirs for all ages meet 2 of the 7 periods a day. Being enrolled in a course will be dependent upon availability at the time your registration is received. Indicate which level of handbells you desire, which instrument you will bring, and name and age of children in Music for Young Children demo class.

Children – choose **up to 2 classes** in addition to Choir, Bible, and Fun and Games.

Middlers – choose **1 class** in addition to Choir, Bible, Fun and Games, and Faith and Technology.

Senior Highs/Young Adults registering on Senior High track – choose **up to 4 classes** in addition to Bible and Choir. If signing up to be auditioned for Chamber Choir* you may then choose 2 additional electives.

Adults/Young Adults registering on Adult track – choose **up to 7 classes**. Those participating in Choir, Chamber Choir*, Chamber Bells*, and/or Art Workshop must allow 2 periods for each with other electives not to exceed a total of 7 periods.

*Chamber Choirs and Chamber Bells are auditioned groups. If needed, your schedule can be adjusted in the PAM office after audition results have been posted.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Mail or Fax Form and Payment to:

Presbyterian Association of Musicians
 2012 Montreat Conferences on Worship and Music
 100 Witherspoon Street
 Louisville, KY 40202-1396
 Or fax to: 502.569-8465

*Registration Cancellation Insurance is available as an option through **Registration Protection Plus**, which covers conference registration fees in case of sickness, injury, loss of property, loss of life, weather, flight cancellations, strike, or legal obligation. Refunds will be issued only to those people who have signed up for Registration Protection Plus provided the terms and limitations are met. No refunds will be issued by the Presbyterian Association of Musicians. Full policy terms may be found at www.presbysmusic.org.

ADDITIONAL REGISTRATION INFORMATION			
I am registering for	<input type="checkbox"/> WEEK I (June 17-23)	<input type="checkbox"/> WEEK II (June 24-30)	
I am registering as	<input type="checkbox"/> ADULT (age 22+) <input type="checkbox"/> CHAPERONE NOT ATTENDING ADULT CLASSES <input type="checkbox"/> YOUNG ADULT TAKING ADULT CLASSES (age 18-21) <input type="checkbox"/> YOUNG ADULT TAKING SENIOR HIGH CLASSES (age 18-21) <input type="checkbox"/> SENIOR HIGH <input type="checkbox"/> MIDDLE <input type="checkbox"/> CHILD		
FOR YOUTH or CHILD, please give school grade in the fall of 2012: _____			
STREET ADDRESS OR P.O. BOX			
CITY		STATE	ZIP
DAY PHONE		NIGHT PHONE	
FAX PHONE		EMAIL ADDRESS	
<input type="checkbox"/> CHECK IF YOU WANT TO RECEIVE THE <i>CALL TO WORSHIP</i> QUARTERLY JOURNAL <input type="checkbox"/> CHECK IF YOU WANT TO RECEIVE THE DAILY NEWS EMAILS WHILE AT MONTREAT <input type="checkbox"/> CHECK IF YOU ARE A PROFESSIONAL MUSICIAN OR IN CHARGE OF A CHURCH MUSIC PROGRAM <input type="checkbox"/> CHECK IF YOU ARE AN ORDAINED MINISTER			
GROUP LEADER (person to whom confirmations should be sent for youth or children)			
STREET ADDRESS OR P.O. BOX OF GROUP LEADER			
GROUP LEADER CITY		STATE	ZIP
GROUP LEADER CITY		GROUP LEADER PHONE	
GROUP LEADER EMAIL ADDRESS			
<input type="checkbox"/> Our group is bringing chaperones. All chaperones are required to register as a chaperone and pay the \$25 chaperone fee if they are not registered to attend Adult classes. If you are bringing children not registered for the conference, call 800.572.2257 to request a "Worship and Music Clubs Registration Form."			

	On or Before April 15	After April 15	After May 24
Adults (ages 22 and up)	\$393	\$443	\$468
Young Adults (ages 18-21; conferees 18 years, whether in high school or not, may register as either Young Adult or Senior High)	\$253	\$303	\$328
Senior High (rising grades 10-12)	\$253	\$303	\$328
Middlers (rising grades 7-9)	\$253	\$303	\$328
Children (rising grades 4-6)	\$253	\$303	\$328
Chaperone (not attending adult classes)	\$ 25	\$ 25	\$ 25
<input type="checkbox"/> Cancellation Insurance by Registration Protection Plus: \$20* <input type="checkbox"/> Art Workshop Fee: \$10 <input type="checkbox"/> Annual Fund Donation \$ _____ <input type="checkbox"/> Scholarship Fund Donation \$ _____			
For payment by credit card:			
<input type="checkbox"/> Visa <input type="checkbox"/> DISC <input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard TOTAL TO BE CHARGED _____			
CARD NUMBER			
EXP. DATE			
NAME ON CARD			
CREDIT CARD BILLING ZIP CODE		CVC SECURITY CODE ON BACK	
CARD HOLDER SIGNATURE			
For payment by check:			
The full registration fee must accompany the completed form. Make check payable to "Montreat 2012 Worship and Music Conference."			

The easiest way to register is online at the PAM website, www.presbysmusic.org.

2012 Worship & Music Conference Housing and Meals Request Form

Please Print. One registrant per form (make duplicates of this form as necessary).
Registrations will be accepted beginning December 15, 2011.

Please return the Montreat Conference Center Housing Request Form to:
Montreat Central, PO Box 969, Montreat, NC 28757
or fax to: 828.669.5054 or register online at www.montreat.org
Questions? Call 800.572.2257, ext. 339

MONTREAT CONFERENCE CENTER HOUSING Assembly Inn / Winsborough / Glen Rock Inn

I am registering for: WEEK I (June 17-23) WEEK II (June 24-30)

YOUR FULL NAME
ADDRESS
CITY / STATE / ZIP
HOME PHONE / WORK PHONE
EMAIL ADDRESS
EMERGENCY CONTACT NAME
EMERGENCY CONTACT PHONE

*Rates are per person and include all room and meal charges for the entire conference (Sunday supper - Saturday breakfast). No adjustments to package will be made except for extended stay.
Children under 5 - no charge.*

Please reserve _____ rooms in:

	SINGLE OCCUPANCY	DOUBLE OCCUPANCY	CHILD (12+)	CHILD (5-11)
<input type="checkbox"/> Assembly Inn				
private bath	<input type="checkbox"/> \$742.97	<input type="checkbox"/> \$493.19	<input type="checkbox"/> \$172.94	<input type="checkbox"/> \$87.80
connecting bath	<input type="checkbox"/> \$621.29	<input type="checkbox"/> \$461.18	<input type="checkbox"/> \$172.94	<input type="checkbox"/> \$87.80
<input type="checkbox"/> Winsborough				
connecting bath	<input type="checkbox"/> \$493.19	<input type="checkbox"/> \$333.08	<input type="checkbox"/> \$172.94	<input type="checkbox"/> \$87.80
<input type="checkbox"/> Glen Rock Inn				
connecting bath	<input type="checkbox"/> \$525.17	<input type="checkbox"/> \$349.07	<input type="checkbox"/> \$172.94	<input type="checkbox"/> \$87.80

If my first choice cannot be accommodated, I would like you to:

- Assign me to the best available housing
 private bath only connecting bath acceptable

Total adults: _____ Children (ages 12+): _____

Children (ages 5-11): _____ Children (under 5): _____

I will need: a crib a rollaway

I wish to room with: _____

who is registering separately.

Arrival Date: ____/____/____ Departure Date: ____/____/____

Total enclosed: \$ _____

Cancellation refunds for housing and meals will be awarded in the following ways:

- full refund if notice of cancellation is received on or before May 7 (Week I) or May 14 (Week II);
- full refund less \$40 if notice of cancellation is received after May 7, but before June 11 (Week I) or after May 14, but before June 18 (Week II);
- no refunds will be given after June 11 (Week I) or June 18 (Week II);
- all requests for refunds must be in writing and received by Montreat Conference Center via email, fax, or U.S. Mail.

Check enclosed (payable to Montreat Conference Center)

Please charge \$ _____ to:

- MasterCard VISA Discover American Express

Card Number: _____ Exp. _____

Signature: _____

Name on Card: _____

Please return the Montreat College Housing Request Form to:
Montreat College, MC Box 846, PO Box 1267, Montreat, NC 28757
Questions? Call 828.669.8012, ext. 3821

MONTREAT COLLEGE HOUSING

for college dormitory accommodations during conference times only

I am registering for: WEEK I (June 17-23) WEEK II (June 24-30)

YOUR FULL NAME
ADDRESS
CITY / STATE / ZIP
HOME PHONE / WORK PHONE
EMAIL ADDRESS
EMERGENCY CONTACT NAME & PHONE NUMBER

All rates are per person and include three meals per day at Howerton Cafeteria.

	SINGLE	DOUBLE	CHILD (3-11 W/PARENT)
<input type="checkbox"/> Anderson Hall			
private bath	\$501.70	\$374.98	\$187.49
<input type="checkbox"/> Howerton Hall			
private bath	\$501.70	\$374.98	\$187.49
connecting bath	\$477.46	\$362.32	\$181.16
<input type="checkbox"/> McGregor Hall			
connecting bath	\$477.46	\$362.32	\$181.16
<input type="checkbox"/> Davis Hall			
hall bath	\$428.98	\$338.08	\$169.04

Third person must provide own sleeping bag.

Any dorm room plus meals

3rd person adult (12+) \$205.24

3rd person (age 3-11) with 2 parents \$126.62

Cribs, rollaways or air mats are not provided by college.

Non-refundable deposit - \$50 per person; deposit subtracted from total

Disclaimer: Rates are subject to change.

ALL DORMS ARE AIR CONDITIONED.

Cancellation notice: 60 days before conference without further penalty.

No refund of cancellation upon arrival.

Each room is furnished with two twin beds. Twin rate is for double occupancy; single is for one person. Linens, towels, washcloths and small soaps are provided. Maid service daily. Dorms subject to availability.

Applies to double occupancy only. If a roommate cannot be assigned or cancels, you will be responsible for the single rate.

Return form to:

Montreat College, PO Box 1267, Box 846 - Summer Housing, Montreat, NC 28757

For questions, contact: 828.669.8012, ext. 3821. Fax 828.669.9554

summerhousing@montreat.edu

website: www.montreat.edu/summerhousing

No early arrivals or late departures available.

Arrival date: _____ Departure date: _____

person(s) x \$50 housing deposit = \$ _____

Total enclosed \$ _____

(balance due at check-in)

Check enclosed (payable to Montreat College)

Please charge to: MasterCard VISA Discover

Card Number: _____ Exp. _____

Signature: _____