

Registration Form

UCCMA Boston 2017 – National Conference
Sunday July 9 to Wednesday July 12

Please fill out a separate form for each individual including spouses. For complete explanations of each choice refer to the conference pages at www.uccma.org.

Date _____

Name _____

Address _____

Home Phone _____

Cell phone _____

Email address _____

Church Name _____

Address _____

Position Title _____

Membership (check one)

- I am a member of UCCMA.
 I am not a member.
 I am not a member but I wish to join right now:
 \$50 one year **\$90** two years
 I am a non-participating spouse but need housing and/or meals.

Conference Fees (check one)

- Full registration – Member **\$425**
 Full registration – Non Member **\$475**
 Non Participating Spouse **\$0** (Not eligible for workshops or choirs. Eligible for housing, meals and free evening events.)
 One Day Registration..... **\$135**
 Circle one day: Monday Tuesday Wednesday
 Two Day Registration..... **\$270**
 Circle two days: Monday Tuesday Wednesday

Campus Housing (check one room choice)

Pricing is for *one person only*. Spouses/roommates must submit a separate application and pay for their share of a double room. Please circle each day for which housing is needed. Rooms with private bath are no longer available.

- I need a wheelchair accessible room.

Room Choices

- Single room, shared bathroom
 \$72 x _____ (no. of days) = \$ _____
 Circle: Sunday Monday Tuesday Wednesday
- Double room, shared bathroom, per person
 \$62 x _____ (no. of days) = \$ _____
 Circle: Sunday Monday Tuesday Wednesday

Name of spouse/roommate (required for doubles - indicate if you need a roommate assigned to you):

If you would like to request additional suite-mates (4-5 persons per suite) please list their names here:

On-Campus Parking Garage

\$18 per day x _____ (no. of days) = \$ _____

Meals at Bartol Hall on campus

Be sure to indicate each day needed.

Breakfast **\$5.75** each x _____ (no. of days) = \$ _____
Circle: Monday Tuesday Wednesday Thursday

Dinner **\$13.00** each x _____ (no. of days) = \$ _____
Circle: Monday Tuesday

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Special Needs

I need physical assistance with the evening transportation provided by the conference. (Trolley, bus, public transportation on the T.)

I have special dietary needs: _____

Performance Track Workshops

Please choose one.

Conference Vocal Choir
Voice part _____

Conference Handbell Choir

Organ Class (limited to 12 persons)

If the organ class is full, I will to join the:

Vocal Choir Handbell Choir

Arranging: The Art of Making Old Songs New

This composition workshop is already full, but a new session may be added. We will try to accommodate you if possible.

I wish to join this workshop

Your role in music at your church

(check all that apply)

Music Director/Minister of Music

Organist

Choir Director

Youth Music Director

Children's Music Director

Handbell Director

Praise Band Director

Accompanist

Pianist

Instrumentalist

Vocal Soloist

Clergy

Other _____

How did you learn about our conference?

UCCMA materials ACDA AGO

Overtones Social Media Friend/Colleague

Other _____

Can we include your name in the online list of registrants?

Yes No

John Stansell Scholarship Fund

This fund supports first-time conference registrants who need financial assistance to attend. You are welcome to donate to the fund below. We will send you an acknowledgement for tax purposes.

Payment

Make checks out to **UCC Musicians Association** and mail completed form(s) and check to:

UCCMA Boston Conference
PO Box 650218
Newton MA 02465

- Please allow two weeks for processing.
- Use the worksheet below to calculate your costs.
- All fees are in US dollars.
- Unfortunately we cannot process credit cards numbers. Credit card payments are accepted with online registration.

New Membership in UCCMA	\$
Conference Fee	
Campus Housing	
Parking Garage	
Meals: Breakfast	
Meals: Dinner	
John Stansell Scholarship Donation	
TOTAL	\$

If you provided an email address, you will receive a confirmation notice that your payment was received. Need help? Contact Kate Hendrix at boston2017@uccma.org or 857-488-8297.