



## OFFICER TRAINING SESSION 2008 REGISTRATION FORM

### GENERAL INFORMATION

Name:

College/University:

Officer Position (if applicable):

Major/Minor:

Applied Instrument/Concentration:

Classification:

### CONTACT INFORMATION

Email:

Cell Phone:

Address:

Home Phone:

City:

State:

ZIP Code:

### EMERGENCY CONTACT

Contact Person:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

### INFORMATION ON PROFESSIONAL MUSIC EDUCATION AFFILIATIONS

Organization Name:

Organization Name:

### SIGNATURE\*

I certify that all the above information is correct and agree to actively participate in Officer Training Session 2008. Additionally, I understand that photos taken during the Officer Training Session can and may be used by CTME for print and publication in a variety of formats.

Delegate Signature:

Date:

\*To be signed at Officer Training Session check-in.