

Society of Composers, Inc. 2005 National Conference Information

REGISTRATION FORM

Society of Composers, Inc. 2005 National Conference Information

University of North Carolina at Greensboro, October 13-15, 2005.

Name: _____

Address: _____

Phone: _____

Email: _____

Url: _____

Composition to be presented (title, instrumentation, duration): _____

Are there any special technical requirements? (please use another sheet)

Please indicate if you do NOT wish to have your piece recorded: _____

Payment (\$65 before October 1, 2005, \$75 thereafter):

By Check: Make checks payable to UNCG School of Music

By Credit Card:

Indicate Card Type (Visa or MasterCard): _____

Name on card (please print): _____

Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Cardholder's Address: _____

ADDITIONAL INFORMATION AND DETAILS:

Mail or Fax Form and payment to:

Dr. Mark Engebretson, Asst. Professor

UNCG New Music Festival

UNCG School of Music

PO Box 26170

Greensboro, NC 27402-6170

Fax: (336) 334-5497