

Registration Form
ARSC-SAM Conference
Cleveland, Ohio March 10-14, 2004

All presenters must register for the full conference. Special student rates are made possible by generous contributions that help graduate students participate fully. As an effort to reach potential new members in nearby communities, we offer a special one-day registration for non-members.

REGISTRATION OPTIONS

- \$100 Early member (postmarked by February 9, 2004)
- \$125 Late or on-site member
- \$125 Early non-member (postmarked by Feb. 9, 2004)
- \$150 Late or on-site non-member
- \$50 Early student (postmarked by February 9, 2004)
- \$75 Late or on-site student
- \$35 Spouse/partner
- \$35 One day (limited to one day only, for non-members and non-presenters.)

ARSC MEMBERSHIP

Membership in ARSC is not required of presenters or attendees. If you wish to join, 2004 membership dues are:

- \$36 Individual
- \$40 Institutional

(Outside US add: \$5. Surface Mail; \$10. Airmail)

SAM MEMBERSHIP

Membership in SAM is not required of presenters or attendees. If you wish to join, 2004 membership dues are:

- \$65 Individual
- \$32 Student / Retired
- \$20 Spouse / Partner

BANQUET PRICES

- \$40 Non-Student
- \$25 Student

Important: Please check your dinner choice:

- Chicken
- Salmon
- Vegetarian
- Kosher

YOUR PAYMENTS:

- \$ _____ Registration
- \$ _____ SAM Membership Dues
- \$ _____ ARSC Membership Dues
- \$ _____ Banquet
- \$ _____ Contribution to SAM to help with student expenses

- \$ _____ **GRAND TOTAL**

If registering a spouse, partner, or colleague, please copy this form and send a separate form for each registrant.

Name: _____

Address: _____

Telephone: _____

Email: _____

Student Institution: _____

(Please include a copy of your student ID.)

Affiliation for name badge:

Optional: We will mark name badges of first-time attendees so that we can greet those coming for the first time.

Is this your first SAM or ARSC conference? _____

Please indicate whether you are a member of:

_____ **ARSC**

_____ **SAM**

IMPORTANT: We require a count for special events. Please let us know if you will be attending:

_____ Wednesday: Opening Reception

_____ Thursday: Excursion to Rock Hall

_____ Friday: Excursion to University Circle

Mail form to:

Society for American Music
Stephen Foster Memorial
University of Pittsburgh
Pittsburgh PA 15260
or Fax: (412) 624-7447

AFTER FEBRUARY 9TH, PLAN TO REGISTER ON-SITE. DO NOT MAIL REGISTRATION AFTER THIS DATE

Please make checks payable to "Society for American Music" or indicate credit card payment:

Please charge: MasterCard VISA (circle one)

Account #: _____

Exp Date: _____

Signature: _____