

New England Conservatory SUMMER SCHOOL 2009 REGISTRATION FORM

Fax to: 617-585-1135 (payment by credit card only)

Mail to: New England Conservatory Summer School, 290 Huntington Ave, Boston, MA 02115

DEADLINE: The Summer School office should receive this form and full payment two weeks before the first class meeting.

Use this form to register for private lessons, classes/ensembles, and Institutes, **except: Boston GuitarFest, Festival Youth Orchestra, Festival Youth Chorale, Kodály Music Institute, and Vocal Vacation, for which special forms are available on the Summer School Web site (www.newenglandconservatory.edu/summer) or by calling 617-585-1126.**

Check here if any of the information below has changed since your last registration.

STUDENT INFORMATION (please print or type):

Name _____ Date of Birth _____
First MI Last

Address _____
Street City State Zip

Phone: Work (____) _____ Home (____) _____

E-mail Address _____ Instrument _____

How did you learn about the Summer School? _____
 The following information is for statistical purposes only and will be kept confidential.

REGISTRATION

For Classes or Ensembles: Class or Ensemble Title	Credit: Status: (check one)	SCE Credit	Non-Credit	Audit	NEC Grad. Credit	NEC U.G. Credit	Tuition
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

For Private lessons (some teachers have higher rates; call 617-585-1134 to confirm):

Instructor	Instrument	# of lessons	X	Length	X	Rate/hour		
_____	_____	_____	X	_____	X	_____	=	\$ _____

1.0 = 60 min.
 .75 = 45 min.
 .50 = 30 min.

REGISTRATION FEE \$ 35
(non-refundable unless class is cancelled)

PAYMENT

Check or money order (make checks payable to New England Conservatory). Amount enclosed \$ _____

I authorize NEC Summer School to charge my account in the amount of \$ _____



_____ / _____
Card Number Exp. Date

_____ Cardholder's Name (please print)

_____ Cardholder's Signature

I certify that the information above is complete and correct and agree to abide by the policies and procedures printed in the current Summer School Catalog (available free in the Summer School office, 241 St. Botolph St. Building, Room 120).

Signature Date

For Office Use Only
 Term: _____ MI / IP ID# _____ ADV: _____ Reg : _____ NS: _____ Date: _____ RBIL: _____ CRPT: _____ STU _____