

**Nordoff-Robbins Music Therapy:  
Foundations, Improvisational Resources and Clinical Applications  
Specialty CMTE Course  
July 13-16, 2009**

**ENROLLMENT FORM**

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Billing Address:

Mailing Address (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last school attended \_\_\_\_\_

Year graduated & degree \_\_\_\_\_

MT-BC Certification Number (if applicable): \_\_\_\_\_

Years of experience, populations \_\_\_\_\_

\_\_\_\_\_

Major Instrument(s) \_\_\_\_\_ Years Played \_\_\_\_\_

**Optional:** I am requesting NYU Housing

Date of Check-in (as early as 7/11): \_\_\_\_\_ Date of Check-out (as late as 7/18): \_\_\_\_\_

Single Occupancy: \_\_\_\_\_ nights x \$70/night = \$ \_\_\_\_\_

OR

Double/Triple Occupancy: \_\_\_\_\_ nights x \$50/night = \$ \_\_\_\_\_

**Activity Cost: \$ 625.00**

**TOTAL: \$ \_\_\_\_\_**

**Payment Type (check one):**  Check enclosed (please make check payable to NYU Nordoff-Robbins Center)

Visa

MasterCard

American Express

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

**Please mail completed application or e-mail to nordoff.robins@nyu.edu**