



REGISTRATION FORM

REGISTRANT INFORMATION (Please Print)

 Last Name First Name

 Organization

 Address

 City State Zip Code

 Phone Fax Email

Please choose a clinical practice track: Introductory Track Advanced Track

Please provide a brief description of your background in the Arts in Healthcare including educational and professional experiences (if additional space is needed please attach a separate sheet)

PAYMENT INFORMATION (Please check one):

- Full time professional fee of \$850.00 (Early Registration of \$750.00 by May 31,2010)
- Full time student fee of \$765.00 (Early Registration of \$700.00 by May 31, 2010)

Method of Payment:

- Check or Money Order made payable to UB Center for the Arts Visa or Master Card

 Credit Card # Expiration Date

 Name on Card (Please Print) Signature

Mail Form to: University at Buffalo 103 Center for the Arts Buffalo, NY 14260-6000

Or Fax to: 716-645-6973 **Or Email to:** ktrap@buffalo.edu

Questions? Katherine Trapanovski 716-645-0891 **Website:** www.ubcfa.org

Cancellation Policy Registration fees, minus \$75.00 cancellation fee will be refunded if cancellation is made in writing prior to July 15. No refund will be issued for cancellations made after July 15.