

ClarinetFest® 2010

Austin, Texas, USA
July 21-25, 2010

International Clarinet Association

P.O. Box 1310, Lyons, CO 80540 USA
801-867-4336 / 212-457-6124 fax
E-mail: <membership@clarinet.org>

INDIVIDUAL REGISTRATION FORM

(Please print clearly OR register online at <www.clarinet.org>.)

● Registrant Information ●

Name _____

Address _____

Telephone (_____) _____

E-mail _____

● Conference Badge Information ● (Optional)

Alternate Name _____

Affiliation _____

City, State, Country _____

● Registration Type ● (Please check appropriate box.)

Early Registration 150.00
(must be mailed **BEFORE MAY 15**)

On-site or Late Registration 175.00

Early Student Registration 100.00
(must be mailed **BEFORE MAY 15**)

On-site or Late Student 125.00

Non-clarinetist Companion 75.00

Companion Name _____

Daily Registration 65.00 / day
 July 21 July 22 July 23 July 24

One-day Pass for Texas High School Students 5.00
(July 24 only – I.C.A. Membership required – see below)

● I.C.A. Membership ● (Please check appropriate box.)

All attendees, with the exception of non-clarinet playing companions, must be members of the International Clarinet Association. If you are uncertain about your current membership status, please contact us at <membership@clarinet.org>.

I am certain my membership is current and do not need to join or renew. Member # _____
(if known)

I need to join or renew my membership.

One-year General Membership 50.00

Two-year General Membership 95.00

One-year Student Membership (full-time students only) 25.00

Two-year Student Membership (full-time students only) 45.00

● **TOTAL AMOUNT DUE** ● \$ _____

● Clarinet Choirs ● (Optional)

I would like to play in the following choir:

Festival Choir

College Choir

I would like to play: (Check one or more boxes.)

Eb Soprano Bb Soprano Alto Bass

Eb Contra Bb Contra String Bass

● Payment Options ● (Please specify.)

Please make checks payable to the
“International Clarinet Association”.

Check in U.S. funds drawn from a U.S. bank

Money Order in U.S. dollars

Please charge my credit card.

(Visa, MasterCard, American Express, Discover)

Card # _____

Expiration Date _____

Name on Card _____

Billing Address _____

Signature _____

● **WAIVER** ● (PLEASE NOTE – This must be signed for registration to be considered complete.)

I, intending to be legally bound hereby, release the International Clarinet Association from all liability in connection with ClarinetFest® 2010.

Signature of Registrant

Please mail / fax completed form & payment to:

International Clarinet Association

c/o ClarinetFest® 2010

P.O. Box 1310

Lyons, CO 80540 USA

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