



THE UNIVERSITY OF IOWA

Division of Continuing Education

IOWA MUSIC EDUCATORS CONFERENCE WORKSHOP REGISTRATION, FALL 2016

PERSONAL INFORMATION

SSN: _____ DATE OF BIRTH: _____ GENDER: M F
Month/Day/Year

NAME: _____
Last First MI Maiden

ADDRESS: _____
Street Apt

_____ City State Zip Country

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____ FAX: _____

CITIZENSHIP: USA Other _____ Permanent resident of the US? Yes No

If a permanent resident of the US, provide your Alien Registration Number: _____

If a nonimmigrant visa holder, indicate the type of visa you hold: _____

ETHNIC/RACIAL/TRIBAL AFFILIATION INFORMATION (OPTIONAL):

Are you Hispanic/Latino(a)? yes no What race do you consider yourself to be? (indicate one or more)

- Alaskan Native or American Indian (tribal/nation affiliation): _____ African American/Black
 Native Hawaiian or Other Pacific Islander Asian White I prefer not to respond

REGISTRATION INFORMATION & STUDENT STATUS

For Graduate Credit - you must provide information below on your Bachelor's Degree.

Degree (BA, BS): _____ Degree Year: _____ Name records are under: _____

Institution: _____ City/ST: _____

CIRCLE ONE BELOW	DEPT: COURSE	WORKSHOP TITLE	S.H.	SITE
Undergraduate Credit	025:155:WKA/ MUS:3601:0WKA	Undergraduate Music Education Workshop II IMEA Conference, 2016	1	Des Moines
Graduate Credit	025:234:WKA/ MUS:5601:0WKA	Graduate Music Education Workshop II IMEA Conference, 2016	1	Des Moines

- YOU WILL BE BILLED \$288 (UNDERGRADUATE CREDIT) OR \$477.00 (GRADUATE CREDIT) BY THE UNIVERSITY OF IOWA.
- PLEASE DO NOT SEND PAYMENT WITH REGISTRATION OR PAY THE CONFERENCE REGISTRATION SECRETARY.
- ALL REQUESTS TO REGISTER OR TO CANCEL YOUR REGISTRATION WITHOUT TUITION ASSESSMENT **MUST BE POSTMARKED BY NOV. 29.**
- SEE REVERSE SIDE FOR COURSE DESCRIPTION AND REQUIREMENTS

COMPLETE THIS FORM AND SEND TO:

Division of Continuing Education
The University of Iowa
250 Continuing Education Facility
Iowa City, IA 52242

Fax: 319-335-2740
Phone: 319-335-2575 / 800-272-6430
E-mail: dce-registration@uiowa.edu
Website: www.continuetolearn.uiowa.edu/ccp

Signature _____

Date _____

My signature indicates the above information is factually correct and complete. This information is requested for registration purposes. No persons outside the University are routinely provided this information, except for directory records. Return of this form constitutes official registration, unless you are notified otherwise by The University of Iowa. Registration remains in effect unless you formally withdraw in writing. You are responsible for a percentage of tuition unless you withdraw before the course begins.