

**THE TWENTY-EIGHTH ANNUAL UPPER MIDWEST
STRING AND CHAMBER MUSIC CONFERENCE (July 23-28, 2006)**

To enable us to make all necessary arrangements, including appropriate music for the various performing groups, please complete the registration forms below (please copy if more are needed) and return with the pre-registration fee of **\$50.00** (applicable to fee total, but non-refundable) as early as possible, but no later than June 15. **The balance of fees, including housing and meal fees must arrive at the Minnesota State Mankato Music Department no later than Monday, July 17, and no one may be admitted to the conference unless fees are fully paid. This deadline eliminates long check-in lines on Sunday, July 23. No refunds of any kind will be made after July 17, Including housing and meal fees.**

Name _____ Your instrument _____

School _____

Grade, Fall '06 ____ Age ____ Gender M F

Parents' name _____

Address _____ City _____ State ____ Zip _____

Email Address _____ Telephone no. _____

Teacher's name _____

Last solo piece you played: Composer: _____ Title: _____

Indicate if you are interested in solo performance: No__ Yes__(include teacher's recommendation)

Roommate request, if any: Name _____ City _____

Check the appropriate box(es):

- Registration fee (5days).....\$285.00
- Two or more students from the same family, each.....\$260.00
- Dormitory room (double occupancy, Sunday thru Thursday nights).....\$70.00
- All meals (Sunday evening thru Friday evening).....\$92.00
- Lunches only (5 days).....\$33.00
- Dinners only (6 days).....\$45.00

TOTAL \$ _____
ENCLOSED \$ _____
BALANCE \$ _____

**Housing and Meal Fees Subject to Change—Checks Payable to:
Minnesota State Mankato**

Mail to: String Conference, 202 Performing Arts Center, Minnesota State University, Mankato, MN 56001

INSURANCE WAIVER: I hereby authorize the Directors of the Upper Midwest String and Chamber Music Conference to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the Conference from any and all liability for any injuries while at Minnesota State University. I also certify that my child is medically fit to participate in your program. I will be responsible for any medical or other charges in connection with his or her attendance at the Conference.

He/she is covered by (Insurance Co./Policy no.) _____

Parent or Guardian's signature _____

I hereby give my permission for my son/daughter (above) **who has a valid driver's license** to take his/her meals off campus:

Parent or Guardian's signature _____