

MTNA CONFERENCE REGISTRATION

St. Louis, Missouri
April 2–6, 2027

Use one form per registrant. All sections on this form must be completed to process registration.

INFORMATION

Preferred Name On Badge _____

Name _____ ☐ MTNA Member

Address _____ Phone (____) _____

City/State/Province _____ Zip/Postal Code _____

Studio/Institution/Company _____ Email _____

Emergency Contact Name and Phone Number _____

☐ Check here if this is your first MTNA Conference.

☐ Check here if you are a new member.

FEES

Rates will change after 12:00 MIDNIGHT Eastern Time

Conference Registration

	On or before 12/15/26	After 12/15/26 and on or before 2/10/27	After 2/10/27	Amount
☐ Active MTNA Member	\$445	\$495	\$545	\$
☐ MTNA Collegiate Member	\$105	\$120	\$135	\$
☐ Collegiate Volunteer (must serve as volunteer for 6 hours; deadline 2/1/27—collegiate members only)	\$ 0	\$ 0	Not Available	\$
☐ Nonmember (includes registration and 2027–2028 active membership—new members only)	\$645	\$695	\$745	\$
☐ Collegiate Nonmember (includes registration and 2027–2028 collegiate membership—new members only)	\$145	\$160	\$175	\$
☐ Sponsor a Collegiate Member	\$105	\$120	\$135	\$

Single-Day Registration

	Member	Nonmember	Collegiate	Collegiate Nonmember	Amount
☐ One-day registration	\$225	\$295	\$60	\$95	\$

Specify day for single-day registration: _____

Pre-Conference Workshop (Workshop fee and minimum single-day conference registration required.)

		Fee	Amount
Pedagogy Friday (Fee includes attendance at any/all tracks)	Friday, April 2	\$145	\$
Pedagogy Friday—Collegiate Member (Fee includes attendance at any/all tracks)	Friday, April 2	\$ 60	\$

Events (Admission to evening recitals is complimentary.)

		Fee	Quantity	Amount
Conference Gala	Sunday, April 4 (ticket required)	\$150		\$
MTNA Awards Brunch	Tuesday, April 6 (ticket required)	\$ 75		\$
☐ Check here if you have specific dietary needs for the events you have purchased.				
☐ Vegetarian ☐ Vegan ☐ Gluten-free ☐ Seafood/Shellfish allergy ☐ Other:				
Commemorative MTNA Competition Program Book (Includes competitors names and photos)		\$ 20		\$

Total Fees Enclosed* (U.S. Dollars)

\$

☐ Check (Payable to MTNA in U.S. funds) ☐ Master Card ☐ Visa ☐ American Express ☐ Discover

Number _____ Exp. Date _____ Security Code _____

(3–4 digit code on front or back of card)

Signature _____

Billing Information: (if different than above)

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Register online at www.mtna.org or mail this entire form with your payment to:

MTNA, Attn: National Conference, 600 Vine St., Ste. 1710, Cincinnati, OH 45202 Phone: (513) 421-1420

By registering for the MTNA Conference, I agree that I have read, understand and will follow
all of the MTNA Conference Policies as outlined at www.mtna.org/Conferences.html.