

CONFERENCE REGISTRATION

Atlanta, Georgia
March 16–20, 2024

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 12/5/23	After 12/5/23 and on or before 2/5/24	After 2/5/24	Amount	
<input type="checkbox"/> Active MTNA Member (registration only)	\$425	\$475	\$525	\$	
<input type="checkbox"/> MTNA Collegiate Member (registration only)	\$ 95	\$110	\$125	\$	
<input type="checkbox"/> Collegiate Monitor (must serve as monitor for 6 hours; deadline 2/5/24—collegiate members only)	\$ 0	\$ 0	Not Available	\$	
<input type="checkbox"/> Nonmember (includes registration and 2024–2025 active member dues—new members only)	\$625	\$675	\$725	\$	
<input type="checkbox"/> Collegiate Nonmember (includes registration and 2024–2025 collegiate member dues—new members only)	\$125	\$140	\$155	\$	
<input type="checkbox"/> Sponsor a Collegiate Member	\$ 95	\$110	\$125	\$	
Single-Day Registration	Member	Nonmember	Collegiate Nonmember	Collegiate	
<input type="checkbox"/> One-day registration	\$225	\$295	\$50	\$75	\$

Specify day for single-day registration: _____

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

	Fee	Amount	
Pedagogy Saturday (Fee includes attendance at any/all tracks)	Saturday, March 16	\$125	\$
Pedagogy Saturday/Collegiate Member (Fee includes attendance at any/all tracks)	Saturday, March 16	\$ 50	\$

Events (Admission to evening recitals is complimentary.)

	Fee	Quantity	Amount
Conference Gala	Monday, March 18 (ticket required)	\$110	\$
MTNA Awards Brunch	Wednesday, March 20 (ticket required)	\$ 50	\$
<input type="checkbox"/> Check here if you have specific dietary needs for the events you have purchased.			
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> Seafood/Shellfish allergy <input type="checkbox"/> Other:			
Commemorative MTNA Competition Program Book (Includes competitors names and photos)		\$ 15	\$

Total Fees Enclosed* (U.S. Dollars)

\$

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

Number _____ Exp. Date _____ Security Code _____

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

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: (888) 512-5278.

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/conference/conference_policies.aspx.