Association of Anglican Musicians

2010 Conference • Hartford • June 20-24, 2010

REGISTRATION FORM

Name *(please print your name as you prefer it to be printed on ID Badge)*

_____

Street Address_____

City, State, Zip Code _____

Telephone _____ Email _____

Church/Institution _____

Please check all that apply:

_____ I have special dietary needs *Please indicate food allergies or vegetarian requests on the reverse.*
_____ This is my first AAM conference _____ I am a new AAM member
_____ I have difficulty walking ¼ mile level distance
_____ I anticipate arriving at the conference hotel on Sunday at this time: _____ a.m./p.m.

CONFERENCE HOTEL – The Hilton Hartford

For hotel reservations, visit http://www.hilton.com/en/hi/groups/personalized/HFDHHHF-AAM-20100619/index.jhtml or call 860-728-5151 and reference Group Name: Association of Anglican Musicians.

REGISTRATION FEES *Cancellation fees will apply. Contact Registrar for more information.*

FULL CONFERENCE (Sunday through Thursday)	**before 3/1**	**after 3/1, before 5/15**	**after 5/15**
__ AAM Member, Member Partner/Spouse, or Exhibitor	**$400**	**$475**	**$550**
__ Non-member	**$550**	**$550**	**$550**

DAILY RATES *If you are not able to attend the full conference, you may register for individual days at the following rates:*
____ Sunday ($50) ____Monday ($150) ____Tuesday ($150) ____Wednesday ($150) ____Thursday ($150)
____ Additional tickets for final banquet only ($75). Please indicate number of tickets_____

OPTIONAL AND ADDITIONAL ITEMS

Wednesday is a day in New Haven. If you wish to have a small-group tour after lunch, *Please indicate which one tour you would like to participate by checking below (space may be limited):*

____ Marquand Chapel, Yale Institute of Sacred Music (Taylor & Boody meantone organ)
____ Early Instrument Collection ____ Rare Book Library
____ Beinecke Library ____ Music Library and Historical Recordings
____ General Yale University Walking Tour ____ British Museum Architectural Tour **–$10 fee**

Full Conference Fee or Total of Daily Rates- _____

Additional Closing Banquet Tickets Total _____

British Museum Architectural Tour - _____

TOTAL ENCLOSED - _____

Please send this form with check made payable to **AAM 2010 Hartford Conference**, *to:*

Enid Oberholtzer, Registrar
AAM 2010 Hartford Conference
35 Imperial Drive, Glastonbury, CT 06033