



New Jersey Music Educators Association

Summer Workshop 2018 Registration

PLEASE PRINT CLEARLY:

Last Name _____ First Name _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number where you can be reached most easily: _(_____) _____ - _____

Is this a cell or landline (circle)? CELL LANDLINE

Email address that will be accessed regularly: _____

PROFESSIONAL INFORMATION

Current School District: _____

Current Teaching Assignment (check all that apply): Vocal Instrumental General Music
 Guitar Theater Marching Band Jazz Band College Student Other

Current teaching Assignment Grade Level (check all that apply): Pre-K K – 3 3 – 5
 6 – 8 9 – 12 College Other

You must be a member of NAfME in order to participate – expiration date must be August 31, 2016 or later. Please supply your NAfME membership number: _____

WORKSHOP INFORMATION

Please indicate, in order of preference, your workshop interests (1 – 5):

Classroom Music Instrumental Choral Technology Special Education

Would you like to be included on the Colleague Networking list? Yes No

Please mail this form, along with a check made payable to NJMEA, in the amount of

\$80 before July 15 or **\$100** July 16 – August 1 to: NJMEA Summer Workshop
c/o Sue Mark
3 MacKenzie Ct.
Sewell, NJ 08080