

Chamber Music Conference and Composers' Forum of the East 2008 APPLICATION FORM

Please see the program description in the 2008 brochure or at www.cmceast.org before filling out your application.

Please send your completed application and payment covering a deposit of \$150 per applicant per week and \$75 per family member per week to:

Chamber Music Conference
P.O. Box 6
Leonia, NJ 07605-0006

All payments must be made by a check drawn on a U.S. bank or by an international money order, payable to Chamber Music Conference of the East. After you are accepted, the deposit is applied to your fees, and the balance will be due May 15, 2008. Accepted applicants who withdraw before May 15 will receive a refund of their payments, less a \$50 administrative fee for each week cancelled. Refunds cannot be made for applicants who withdraw on or after May 15. If a family member is unable to come, the corresponding payment will be applied to the applicant's fee.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

E-mail _____

Is this a new address, phone number, or e-mail address? Yes No

Instrument(s) _____

Occupation _____

In case of emergency, contact:

Name _____

Phone _____

Preferred Weeks – Check a category (coached Participant or uncoached Auditor) for each week you wish to attend:

Intensive Week (0) July 20-27	Week 1 July 27-August 3	Week 2 August 3-10	Week 3 August 10-17
<input type="checkbox"/> Participant	<input type="checkbox"/> Participant	<input type="checkbox"/> Participant	<input type="checkbox"/> Participant
<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor

Total deposit enclosed: \$ _____ Tax-deductible contribution: \$ _____

If you have the flexibility, please indicate alternative weeks you can attend:

1st choice _____ 2nd choice _____ 3rd choice _____

Optional Programs – Indicate whether you wish to be included in:

Coaching and performance of a Composers' Forum work Yes Neutral No

Coaching in piano four-hand repertoire (to be offered contingent on participant interest) Yes Neutral No

Quartets et al. with Joel Berman as playing coach (available to auditors as well as participants) Yes Neutral No

Accommodations – Indicate accommodations needed:

Single Double with _____

Family (include all names and include ages of children) _____

I am interested in child care

New applicants – Are you applying for the first time? Yes No

If so, please attach a separate sheet describing your musical experience and providing names and phone numbers of two musicians who are familiar with your playing. The Conference administration will contact you with further information.

Signature of applicant _____