

CHAMBER MUSIC ENCOUNTERS # 16968

2019-2020 REGISTRATION FORM

REGISTRATION AND PAYMENT DEADLINE MARCH 20, 2020.

1. Submit this registration form for each ensemble immediately upon acceptance.
2. Payment by check or credit card is due by March 20, 2020.
3. Please type or print clearly. Payment and forms can be mailed to VPA External Programs, College of Visual and Performing Arts, NIU, 1425 W. Lincoln Hwy., DeKalb, IL 60115, or emailed to ksherman2@niu.edu.
4. Questions? Contact the Office of External Programs, College of Visual and Performing Arts, at (815) 753-1450 or e-mail Kristin Sherman at ksherman2@niu.edu with questions.

Director's Name

Full Name of Ensemble to appear on the Program

School Name and Address

City, State, Zip

School Phone

School Fax Number

Director's Phone

Director's email address

No. of students in ensemble _____

Accommodations: Guests of the event will stay in the Holmes Student Center Hotel on campus within walking distance of the Music Building. Students will be housed 2 per room and adults 1 per room. Please fill in the form below to indicate how you would like your students housed:

Adults

Room 1: Name _____ Gender _____

Room 2: Name _____ Gender _____

Room 3: Name _____ Gender _____

Students

Room 4: Name _____ Gender _____ Instrument _____

Room 4: Name _____ Gender _____ Instrument _____

Room 5: Name _____ Gender _____ Instrument _____

Room 5: Name _____ Gender _____ Instrument _____

Room 6: Name _____ Gender _____ Instrument _____

Room 6: Name _____ Gender _____ Instrument _____

Dietary Restrictions: Please list any dietary restrictions for your party: _____

Bowling: Please indicate the total number of participants who will bowl: _____

Registration Fee:

*Make checks payable to Northern Illinois University and mail to the address below above by March 20, 2020.
VPA External Programs, College of Visual and Performing Arts, NIU, 1425 W. Lincoln Hwy., DeKalb, IL 60115

Directors and Chaperones \$80 Each (Non-Residential \$30 Each)	
Students \$120 Each (Non-Residential \$70 Each)	
Total:	

REPETOIRE: Please list your repertoire for the final concert and include the timing.

Composer Name:
Title:
Approximate Length:

NOTE: Please be sure to bring original scores with you to the event. Thank You!

If requesting a PRO FORMA invoice to use for payment, please provide recipient information:

Name of Pro Forma invoice recipient

Billing address

Phone Number

Email address