

 **Center for Music Therapy in
End of Life Care**

**Counseling Skills for Music Therapists Institute
Registration
August 4-6, 2012
Seasons Hospice & Palliative Care of Atlanta**

Name: _____ **Credentials:** _____

Board-certification number: _____

Address: _____

Phone number (preferred): _____

Email address: _____

Please include payment of \$340 by either check or money order written to Center for Music Therapy in End of Life Care. Credit cards are not accepted. Registration deadline is July 28, 2012

Mail and return registration to:

**Karen Shipley Leggett, MA, MT-BC
Continuing Education Director
80 Carroll View Avenue
Westminster, MD 21157**

Email: info@hospicemusicaltherapy.org