

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

**Grief & Loss Music Therapy Institute
Registration
June 2-5, 2012
University of Missouri- Kansas City**

Name: _____ **Credentials:** _____

Board-certification number: _____

Address: _____

Phone number (preferred): _____

Email address: _____

Please include payment of \$600 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 May 26, 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