

 **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](mailto:info@hospicemusicaltherapy.org)**