

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

**Hospice & Palliative Care Music Therapy Institute
Registration—for Gospel CMTE only
May 5-8, 2012
Seasons Hospice & Palliative Care of Detroit**

Name: _____ **Credentials:** _____

Board-certification number: _____

Address: _____

Phone number (preferred): _____

Email address: _____

**Please include payment of \$75 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 April 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