

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

**Hospice & Palliative Care Music Therapy Institute
Registration
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 \$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 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@hospicemusictherapy.org