

Chamber Music Conference and Composers' Forum of the East

2010 APPLICATION FORM

Please see the program description in the 2010 brochure or at www.cmceast.org before filling out your application.

Please send your completed application and payment covering a deposit of \$150 per applicant per week and \$75 per family member per week to:

New Address!

**Chamber Music Conference
22 Forest Glen Road
Valley Cottage, NY 10989**

March 1st deadline for priority consideration. All payments must be made by a check drawn on a U.S. bank or by an international money order, payable to Chamber Music Conference of the East. After you are accepted, the deposit is applied to your fees, and the balance will be due May 15, 2010. Accepted applicants who withdraw before May 15 will receive a refund of their payments, less a \$50 administrative fee for each week canceled. Refunds cannot be made for applicants who withdraw on or after May 15. If a family member is unable to come, the corresponding payment will be applied to the applicant's fee.

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

E-Mail _____

Is this a new address, phone number, or e-mail address? Yes No

Instrument(s) _____

Occupation _____

In case of emergency, contact:

Name _____

Phone _____

Preferred week(s) – Check a category (coached Participant or uncoached Auditor) for each week you wish to attend:

Intensive Week (0) July 18-25	Week 1 July 25-August 1	Week 2 August 1-8	Week 3 August 8-15
<input type="checkbox"/> Participant	<input type="checkbox"/> Participant	<input type="checkbox"/> Participant	<input type="checkbox"/> Participant
<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor	<input type="checkbox"/> Auditor

If you have flexibility, please indicate alternate weeks you can attend:

2nd choice _____ 3rd choice _____ 4th choice _____

Total deposit enclosed \$ _____ Tax-deductible contribution \$ _____

Optional programs (weeks 1, 2, 3 only) – Indicate whether you wish to be included in:

Coaching and performance of a Composers' Forum work Yes Neutral No

Coaching in piano four-hand repertoire (to be offered only if sufficient participant interest) Yes Neutral No

Quartets et al. with Joel Berman or another faculty member as playing coach (available to auditors as well as participants) Yes Neutral No

Accommodations – Please indicate accommodations needed:

Single Double with _____

Family (include names and ages of children) _____

I am interested in child care.

New Applicants – Are you applying for the first time? Yes No

If so, please attach a separate sheet describing your musical experience and providing names and phone numbers of two musicians who are familiar with your playing. The Conference administration will contact you with further information.

Signature of applicant _____