

Chamber Music Conference
2020 APPLICATION FORM
[Fillable]

Please see the program description and fee information in the 2020 brochure or at cmceast.org before filling out your application.

Instructions: Download this form, use Adobe Acrobat Reader or Apple Preview to fill in the data on your computer, save it, and email it to susieikeda@cmceast.org.

At the same time, mail your deposit payment (payable to "Chamber Music Conference" and referencing the applicant's name) covering a deposit of \$150 per applicant per week and \$75 per family member per week to:

Chamber Music Conference
P.O. Box 130
Arlington, MA 02476

Both the completed application form and the deposit payment must be received for an application to be processed. Please note that February 1 is the application deadline for new applicants. March 1 is the application deadline for returning applicants to receive first priority consideration for space in the program.

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. After you are accepted, the deposit is applied to your fees, and the balance will be due May 15. The deposit will be fully refunded if you are not accepted, or if you withdraw before you have been accepted. Otherwise the deposit is nonrefundable. If you withdraw after May 15, your payment will be partially refunded (less \$500 per week, including deposit, for a full participant; less \$250 per week, including deposit, for an auditor). If a family member is unable to come, the corresponding payment will be applied to the participant's fee.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred phone number: _____ Cell Home Other

Cell phone number (if different from above): _____

Email: _____

Is this a new address, phone number, or email address? Yes No

Instrument(s): _____

Occupation: _____

Emergency contact: _____

NAME and PHONE

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

Week 1 July 12-19 Participant	Week 2 July 19-26 Participant Auditor	Week 3 July 26-August 2 Participant Auditor	Week 4 August 2-9 Participant Auditor
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If you have flexibility, please indicate alternate weeks you can attend:

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

Notes: _____

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

Check number: _____ **Total check amount:** \$ _____

I request Financial Aid (please provide details by email or on the back of this form)

Composers' Forum (all weeks): Please read the Information for Participants in the [Composers' Forum](#) page on our website. Would you like to be coached on one of the four 75th anniversary commissions? Yes Neutral No

Accommodations: Please read the section on Housing in the [Beyond Music](#) page on our website and indicate your housing needs and preferences:

Single Double room with _____

Family (include names and ages of children and names of adults): _____

Housing Preference: Dormitory Apartment

Other Choices: I will stay off-campus I will not use the meal plan

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

If yes, please read and follow the instructions for [New Applicants](#) on our website.