Wisconsin Music Educators Association (WMEA)

# 2019 CMP Workshop Registration – Edgewood, July 8-12

Name: _____ City: _____
Address: _____ State, Zip: _____
Home Phone: _____ School Phone: _____
E-mail: _____

**Name and City, as you wish to appear on nametag (if different than above): _____**

**Check and Circle all your teaching experiences (both current and historical)**
❑ ELEMENTARY General Music Band Choir Orchestra
❑ MIDDLE SCHOOL General Music Band Choir Orchestra
❑ SECONDARY/HIGH SCHOOL General Music Band Choir Orchestra
❑ STUDIO Private University

**Of the above, what *one* level_____ and *one* area_____ do you wish to focus on in the workshop?**

**In order to meet the needs of all participants during small group work time, please complete the following survey:**
Number of years teaching _____ Number of years teaching at present grade level(s) (or as a studio teacher) _____
Have you attended a CMP summer workshop? ❑ Yes ❑ No If yes, year(s) _____
Did you study CMP as part of your university music-education curriculum? ❑ Yes ❑ No
If yes, where and with whom? _____

**<u>If you previously attended a CMP summer workshop</u>, what would you prefer for this year's summer workshop?**
❑ I prefer to create a teaching plan for a single work.
❑ I prefer to create a unit plan (connecting two or more pieces through common outcomes and thematic ideas with a complete plan for each piece)

**Workshop Fee** (applies to all participants, please select one option)
WMEA member registering *online March 1- May 15*……..$180
Non WMEA member registering *online March 1- May 15*……..$220
❑ WMEA member ……..$230
❑ Non WMEA member……..$255
❑ Group of three or more, same school district or out of state, submitted together …….....$185/each

**Workshop Textbook** (required)
❑ *Shaping Sound Musicians* (discounted price, includes shipping)……...……...…...…….$42

**Housing and Meals –**
❑ Dietary restrictions available upon request:_____
(gluten *avoidant* available, not gluten free)
❑ Commuter - no housing
❑ Commuter - meals only, no housing (5 lunches, 4 dinners)……...……...…....$120
❑ Single (Suite with shared bath, AC) - 4 nights, (4 breakfasts, 5 lunches, 4 dinners)…….…….$420
Name of Suitemate you would prefer: _____
Gender Identity: M___ F___ Transgender____ Other_____
Information is confidential. Please contact Jerry with questions: hrovatj@wsmamusic.org
❑ Early arrival Sunday night (July 7), housing and breakfast.……...…….....$75

**CMP T-Shirt** (optional): Navy Blue with CMP Logo on left front. Size (Circle) S M L XL 2XL 3XL ……$15
**TOTAL** (Check payable to WMEA) ……..….**$_____**

**Optional: Graduate Credits**
1-3 graduate credit options will be offered. Details available in June on the CMP website at wmeamusic.org/CMP/workshop

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**Detailed information for the workshop will be sent to participants via email late June**
**Cancellations before June 22 - refund (except for textbook) less $25 administrative fee. June 22 or later – no refunds**
**<u>Sessions last until 9 p.m.</u>** **Registration deadline June 21** - *Return this form with payment to:*
CMP Workshop WMEA 1005 Quinn Drive Waunakee, WI 53597