

# 7TH EUROPEAN MUSIC THERAPY CONGRESS

## REGISTRATION FORM 15-19TH AUGUST, 2007

### PLEASE RETURN THIS FORM TO:

STICHTING MUZIEKTHERAPIE  
PO Box 137  
7470 AC Goor  
The Netherlands

E-MAIL:  
[info@musictherapy2007.com](mailto:info@musictherapy2007.com)

WEBSITE:  
[www.musictherapy2007.com](http://www.musictherapy2007.com)

PHONE:  
+31 (545) 481628  
FAX:  
+31 (545) 481924

I am registering for the 7th European Music Therapy Congress

### PERSONAL DATA:

NAME: .....  
FIRST NAME: .....  
COMPANY: .....  
JOB TITLE: .....  
ADDRESS: .....  
CITY AND CODE: .....  
COUNTRY: .....  
E-MAIL: .....  
TEL: .....  
FAX: .....

### CONGRESS FEE (including accommodation and meals):

- |                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | Delegate Early Fee (payment before May 1)  | 600 Euro |
| <input type="checkbox"/> | Delegate Normal Fee (payment after May 1)  | 800 Euro |
| <input type="checkbox"/> | Student (include copy of student registration of your music therapy training course (only Bachelor or Master)) | 300 Euro |



