

2010 CMI Registration

Name _____

E-mail _____

Street _____

Church _____

City _____ State _____ Zip _____

Daytime phone _____

Do you plan to stay in the Quality Inn?

Yes No

Mobile phone _____

If yes, please indicate your room preference:

Shared Private

I am registering for: Week 1 (6/20 – 6/25) Week 2 (6/27 – 7/2)

Housing:

Payment is due directly to the Quality Inn upon arrival. Please circle the dates below, indicating the evenings you plan to stay in the Quality Inn.

Week 1: June 20 21 22 23 24 25

Week 2: June 27 28 29 30 1 2

Mid-CMI weekend: June 25 26
(if attending both weeks)

Payment

Name _____

Card number _____ / _____ Expiration

SU ID # or SS# _____

Cardholder's address

Total for tuition \$ _____ (ARST)
(\$535/week)

Street _____

Materials packet \$ _____ (ARST)
(\$50/one week - \$85/both weeks)

City _____ State _____ Zip _____

\$20 special application fee* \$ _____ (SUAPN)

Name as it appears on credit card (please print) _____

Total \$ _____

Signature of cardholder (required) _____

Method of payment (please check one):

Check American Express Discover
 MasterCard VISA Money Order

X _____

Amount of check or amount to be charged \$ _____
(make check/money order payable to Shenandoah University)

Remit to:
Business Office
Shenandoah University
1460 University Dr.
Winchester, VA 22601

DEADLINE

The completed CMI registration and full tuition balance is due:

June 3

*Special application fee applies only to students who have never earned credit at Shenandoah University.

For more information:
www.su.edu/conservatory/cmi