

Music for Healing & Transition Program™

MHTP Webinar Registration Form

Send to: MHTP, c/o Castaner, 17 Daniele Lane, Apt #30, Millbrook, NY 12545 mhtp@mhtp.org

Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of webinar: _____ Webinar date: _____

You must be an MHTP student or graduate to participate in this webinar. Please indicate which one:

☐ CMP – Year that you graduated: _____ ☐ Student – Year that you started: _____

Instrument(s)/voice that you'll be using in the webinar: _____

Important notices you agree to:

1. Webinar registration form and payment must be received by MHTP at least 7 days prior to each webinar.
2. I must participate in the webinar by playing/demonstrating appropriate repertoire.
3. I must provide the facilitator examples (names and source if known) of repertoire for the webinar's topic. Facilitator will notify me about sending this information.
4. I will set up a free Zoom account for the webinar (Facilitator will send instructions).
5. I must complete the class evaluation form at the end of the webinar to receive all take-home information.

Cancellation Policy: If MHTP cancels a webinar because of too few participants (less than 4) or any other reason, all participants will be notified via email and will receive a full refund (\$45). If a participant must cancel, that participant should immediately notify MHTP's registrar, Donna Castaner (mhtp@mhtp.org). If a participant cancels more than 1 week in advance, a *full refund* will be given. If a participant cancels less than 1 week in advance, *no refund* will be given, as last-minute cancellations could make the number of participants too small for a webinar to be viable. "1 week" is defined literally; i.e., exactly seven days prior to the scheduled start of a webinar (e.g., for a webinar scheduled for 8PM Eastern on January 14, "1 week in advance" is 8PM Eastern on January 7). NO REFUND WILL BE GIVEN IF YOU ARE NOT AN MHTP STUDENT OR CMP.

Total Enclosed \$ _____

☐ Check Enclosed

☐ Credit card type & number (Visa or Master Card only) _____

Expiration date _____ 3-Digit CSV/CVV _____

Signature _____