



## REGISTRATION FORM

If planning to pay by CHECK or MONEY ORDER:

Please PRINT THIS FORM and mail it, along with payment (payable to Indiana University, #39-05), to:  
Indiana University Conferences  
Attn: Registrar #39-05  
P.O. Box 5729  
Bloomington, IN 47407

### REGISTRATION FORM

Presenters must register by Monday, August 1, 2005 to be included on the program.  
All others: Please register by Monday, October 31, 2005.

Name and affiliation as you would like it to appear on your name badge:

\* Denotes required fields

#### PLEASE PRINT OR TYPE

First Name\* \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Surname/Last Name\* \_\_\_\_\_ Affiliation \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_ Country\* \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax \_\_\_\_\_

Email\* \_\_\_\_\_

We would like to include your contact information (name, affiliation and email address only) on a list of participants distributed to all attendees. Please check below if you do NOT want us to include your information on this list:

NO: Please do not include my name and contact information.

## ASSOCIATION MEMBERSHIP

To become a member or renew a lapsed membership:

Contact the SEM business office at (812) 855-6672 or email [sem@indiana.edu](mailto:sem@indiana.edu), or visit the SEM website: <http://www.ethnomusicology.org>.

## PROFESSIONAL STATUS

Please indicate which category best describes you. (This information is for demographic purposes and will not be included on name badges or in the pre-registrants list. If you wish to participate in the host program, please be certain to indicate your professional status here.) Please mark *only one* of the following:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> undergraduate student | <input type="checkbox"/> graduate student      | <input type="checkbox"/> public sector scholar        |
| <input type="checkbox"/> adjunct instructor    | <input type="checkbox"/> tenured professor     | <input type="checkbox"/> recording industry affiliate |
| <input type="checkbox"/> Ph.D. candidate       | <input type="checkbox"/> non-tenured professor | <input type="checkbox"/> Ph.D. on the job market      |
| <input type="checkbox"/> publisher             | <input type="checkbox"/> administrator         | <input type="checkbox"/> independent scholar          |
| <input type="checkbox"/> other: _____          |  |   |

## EVENT ATTENDANCE

I plan to attend the following meeting days (mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Wed. Nov. 16  | <input type="checkbox"/> Thurs. Nov. 17 |
| <input type="checkbox"/> Fri. Nov. 18  | <input type="checkbox"/> Sat. Nov. 19   |
| <input type="checkbox"/> Sunday 11/20: Sessions end  |   |
| <input type="checkbox"/> I plan to stay at the conference site <input type="checkbox"/> I do not plan to stay at the conference site |   |

## SPECIAL NEEDS

Do you have any special needs (such as wheelchair seating, a sign language interpreter, guide, or service animal, child care) for the conference? If so, please list them below and we will make every effort to accommodate you.

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Do you have any special dietary requests (Vegetarian, Kosher, Allergies, etc)?

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Other Comments Questions or Concerns:

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## SILENT AUCTION

- I plan to donate items (such as new or used books or recordings) to the Silent Auction to support student members of the Society.

We strongly recommend that you bring the items with you directly to the meeting venue. If this is not possible, you may ship materials to:

SEM 2005 Silent Auction Receiving Coordinator  
Emory University  
Department of Music  
1804 North Decatur Road  
Atlanta, GA 30322-1123  
(Tel) (404) 727-6445

**Please ship boxes before October 31, 2005.**

**HOST PROGRAM**

This program pairs students, first-time attendees and foreign visitors with a host at the Welcome Reception. Hosts will be provided subject to the availability of volunteers. For more information, visit <http://webdb.iu.edu/sem/scripts/conferences/conferences.cfm> and click on "Conference Host Program".

- I am interested in volunteering as a host at the Welcome Reception.
- I am a student, first-time attendee or foreign visitor who wishes to be paired with a host at the Welcome Reception.

My research interests include: \_\_\_\_\_

**REGISTRATION FEES**

Your registration fee includes admission to all conference sessions, the conference reception, the Korean Music Concert on Thursday, the Gullah performance on Friday and activities not listed below.

Refunds and Cancellations: Written request must be received on or before **October 31, 2005**. There is a \$35 cancellation fee.

<u>Qty</u>	<u>Category</u>	<u>Fee</u>	<u>Total</u>
___	Member Early Registration* (*registrations received on or before October 31, 2005).....	\$150.00	\$ _____
___	Student Member Early Registration*.....	\$90.00	\$ _____
___	Non-Member Early Registration* .....	\$160.00	\$ _____
___	Student Non-Member Early Registration*.....	\$105.00	\$ _____
___	Late Registration Surcharge (required if received after October 31, 2005).....	\$40.00	\$ _____
___	<b>One Day Registration (select one):</b> .....	\$110.00	\$ _____
___	_____ Wednesday 11/16   _____ Thursday 11/17		
___	_____ Friday 11/18   _____ Saturday 11/19   _____ Sunday 11/20		
<b><u>ADDITIONAL EVENTS:</u></b>			
___	Pre-Conference Symposium - Wed. 11/16 (all day pre-conference; held at hotel, lunch is on your own).....	\$30.00	\$ _____
___	Korean Music Concert – Thurs. 11/17 (held at hotel) I plan to attend (concert included in registration fee).....	FREE	\$0.00
___	Gullah Performance – Fri. 11/18 (held on Emory Univ. campus) I plan to attend (concert included in registration fee).....	FREE	\$0.00
___	50 <sup>th</sup> Anniversary Banquet – Sat. 11/19.....	\$38.00	\$ _____
<b>Printed Abstract Booklets</b>			
Abstracts are available online and will not be included in the printed program. A free downloadable version is available through the conference website in the "Program" section. If you wish to purchase a printed copy to be included in your registration packet, the cost is \$5.00 per booklet			
___	Abstract booklets.....	\$5.00 ea.	\$ _____
			\$ _____

**TOTAL AMOUNT DUE**

**Please see next page for Payment Options**

**PAYMENT INFORMATION**

**I am a scholar residing outside the U.S. and Canada and wish to pay these fees at the meeting.**  
I understand that by checking this box, I am obligated to pay the fees shown above unless I cancel my registration, in writing, on or before **October 31, 2005**. I understand that there is a **\$35 cancellation fee**.

**Check or Money Order**      **Instructions if paying by CHECK or MONEY ORDER (US dollars):**  
  
PLEASE PRINT THIS FORM  
Then, mail it, along with check or money order (made payable to **Indiana University Conferences #39-05**) to:

Indiana University Conferences  
Attn: Registrar #39-05  
P.O. Box 5729  
Bloomington, IN 47407

**Purchase Order**      If you submit a purchase order, you will receive an invoice for payment.

Purchase Order number: \_\_\_\_\_

Sponsor's Name (authorizing the PO): \_\_\_\_\_

Sponsor's phone number: \_\_ (\_\_\_\_) \_\_\_\_\_

**Credit Card**      Card Type (select one):  
  
 Visa       MasterCard       American Express       Discover

Card Number: \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-code\* \_\_\_\_\_

*\*the last 3-4 digit number above the signature line on the back of the card*

Authorized Signature: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Thank you for registering for 50<sup>th</sup> Annual Meeting for The Society for Ethnomusicology.

You will receive a conference information letter and registration receipt via email at the address given on this form once your registration has been processed.

We look forward to seeing you in Atlanta!