

**MHKS/SEHKS/WEKA NATIONAL MEETING**  
National Music Museum - USD - Vermillion, South Dakota  
May 16-19, 2003

My primary affiliation:  
 MHKS  
 SEHKS  
 WEKA  
(check one)

**REGISTRATION FORM**

Name(s): \_\_\_\_\_  
(print or type your name, as you wish to have it appear on your name tag)

Institutional Affiliation: \_\_\_\_\_  
(print or type your institutional affiliation, if you want it to appear on your name tag)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I. REGISTRATION** includes all ten meals (Friday evening through Monday evening, including banquet), concerts, coffee breaks, and program book. Cash bar available at banquet. **No refunds.**

\_\_\_\_\_ Regular member **early registration** \$150.00 (*postmarked before March 31*) \_\_\_\_\_

\_\_\_\_\_ Regular member registration fee \$175.00 (after March 31) \_\_\_\_\_

\_\_\_\_\_ Student **early registration** \$125.00 (must have current ID) \_\_\_\_\_

\_\_\_\_\_ Airport van service (optional) \$ 20.00 (round trip) \_\_\_\_\_  
(limited times)

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

Do you require vegetarian meals?  Yes  No Comments \_\_\_\_\_

Do you prefer  beef  chicken  fish or  none of the three at the banquet?

**II. INDIVIDUALS ARRIVING BY AIR WHO WANT VAN SERVICE** (*limited service;* ←  
see transportation information sheet for details):

I (we) will arrive in \_\_\_\_\_ (Sioux City or Sioux Falls) on \_\_\_\_\_ (airline),  
flight # \_\_\_\_\_ on \_\_\_\_\_ (all day Thurs. or Fri. before 3:00 pm) at \_\_\_\_\_ (time).

I (we) will depart from \_\_\_\_\_ (city) on \_\_\_\_\_ (airline, flight # \_\_\_\_\_),  
on Tuesday [after 8:30 am/Sioux City; after 9:00 am/Sioux Falls] at \_\_\_\_\_ (time).

Make your check payable to **NATIONAL MUSIC MUSEUM**, in U.S. dollars (\$), payable through a U.S. Bank. Return it with this form to:

National Music Museum  
414 East Clark Street  
Vermillion, SD 57069-2390 USA  
Phone (605) 677-5306 \* \* \* Fax (605) 677-6995

Or make payment by VISA/MC Card # \_\_\_\_\_, expires \_\_\_\_\_.