

2024 PMEA Leadership Summit

Join us Monday, July 15 through Tuesday, July 16 at the DoubleTree Hotel in Reading, PA for a transformative experience that will enhance your music education leadership skills. We are thrilled to introduce our new summer event, the PMEA Leadership Summit. Online registration is available on the [Summer Conference](#) page of the PMEA website. *This event is only open to PMEA/NAfME Members.

2024 PMEA Summer Leadership Summit Registration Form

Mail, call or email the information along with payment (payable by check or credit card) to the PMEA Executive Office: 56 S. Third St., Hamburg, PA 19526; Phone: 888-919-7632, Email: kelly@pmea.net

Forms and payment must be received by **Wednesday, July 10, 2024**. PMEA has a room block reserved at the Double Tree Hotel at a special rate of \$139 a night (plus applicable taxes) (*breakfast is included in the room rate). Please visit the Summer Conference page of the PMEA website for the reservation link. The cut-off date for hotel reservations at the group rate is **Friday, June 28**.

Name: _____ PMEA/NAfME #: _____

School Name for Badge: _____

Phone: _____ Primary Email: _____

Seven Digit PDE # for Act 48 Credit: _____ PMEA District: _____

Registration Costs:

Includes all sessions, Monday lunch & dinner, snacks & Tuesday lunch

___ PMEA Member: \$50 Guest (Imm. family members only): \$100 (includes sessions & all meals)

___ PCMEA/Retired Mbr: \$35 Name of Guest: _____

Additional Options:

___ Monday Dinner Only for a Guest: \$30 (per guest attending)

___ Volunteering during PMEA's 4th Annual Day of Service (Tuesday afternoon, July 16) (Free)

Registration Total: _____

- I have enclosed a check made payable to PMEA
- My PMEA District is covering the registration fee
- I would like to pay by Credit Card (AmEx, Discover, Mastercard or Visa)

Name on Card: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Billing Street Address: _____ Billing Zip Code: _____

*A confirmation email will be sent upon receipt of conference registration payment.

On-Site Emergency Information:

Where you will be staying during the event: _____

Emergency Contact: _____ Relationship to you: _____

Contact's Phone # (_____) _____

Any Special Dietary Needs?: _____