

## 2025 PMEA Leadership Summit

Join us Monday, July 21 through Tuesday, July 22 at the Penn Stater Hotel & Conference Center for a transformative experience that will enhance your music education leadership skills. Online registration is available on the [Summer Conference](#) page of the PMEA website. \*This event is only open to PMEA/NAfME Members. The registration fee is covered for up to 10 members from each PMEA district, as well as 10 PCMEA members. PMEA will reach out if a district's quota is met.

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### 2025 PMEA Summer Leadership Summit Registration Form

Mail, call or email the information to the PMEA Executive Office: 56 S. Third St., Hamburg, PA 19526; Phone: 888-919-7632, Email: [kelly@pmea.net](mailto:kelly@pmea.net)

Forms must be received by **Monday, July 14, 2025**. PMEA has a room block reserved at the Penn Stater Hotel at a special rate of \$139 a night (plus applicable taxes). 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 **Thursday, June 19**.

Name: \_\_\_\_\_ PMEA/NAfME #: \_\_\_\_\_

School Name for Badge: \_\_\_\_\_

Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Seven Digit PDE # for Act 48 Credit: \_\_\_\_\_ PMEA District: \_\_\_\_\_

Cost: Free

**Guest Registration (optional):**

(includes Monday & Tuesday lunch as well as breaks on both days)

Guest (Imm. family members only): \$75 (includes sessions & all meals)

Name of Guest: \_\_\_\_\_

**Additional Options:**

\_\_\_ Volunteering during PMEA's 5th Annual Day of Service (Tuesday afternoon, July 22) (Free)

Registration Total: \_\_\_\_\_

☐ I have enclosed a check made payable to PMEA (only applicable if registering a guest)

☐ I would like to pay by Credit Card (AmEx, Discover, Mastercard or Visa) (only applicable if registering a guest)

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.

**On-Site Emergency Information:**

Where you will be staying during the event: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact's Phone # (\_\_\_\_\_) \_\_\_\_\_

Any Special Dietary Needs?: \_\_\_\_\_