

2026 PMEA Annual In-service Conference

Collegiate Registration Form

April 23-25, 2026 Kalahari Convention Center

Pre-registration for the conference provides access to the full range of offerings, including special events, sessions, performances and exhibits.
Regular Registration runs from 2/12 – 4/10. Any registrations postmarked/received 4/11 or later will be processed on-site at the On-Site Registration rate.

Full Name _____ **Preferred First Name on Badge** _____

PMEA/NAFME ID # _____ **College/University** _____

Preferred Email Address: _____

Preferred Phone # (____) _____ ext. _____ **Phone # Type:** Cell ____ Home ____ Work ____

Special Accommodations? _____

Registration Options	Regular (postmarked by 4/10)	On Site Fees- on or after 4/11	Total
Collegiate Member	\$40	\$50	\$
Awards Breakfast, Sat. 4/25 at 8 a.m. (optional)	\$20	\$20	\$
Total			\$

Additional Options:

Will you attend the Thursday Evening Concert (Thu, 4/23 @ 8 p.m.; included in registration fee)? YES NO

All-State Festival Concerts

Attendees may purchase one ticket per concert for \$10 at the time of registering for the conference. Additional tickets may be purchased online at www.ticketor.com/pmea (All seating is General Admission)

Concert Tickets	Cost per Ticket	Multiplied By	# of Tickets	Equals	Total
All-State Modern Band (Thu. 4/23, 6:30 p.m.)	\$10	X	1	=	\$
All-State Chorus (Fri. 4/24, 5 p.m.)	\$10	X	1	=	\$
All-State Contemporary A Cappella & Jazz Ensembles (Fri 4/24, 7:30 p.m.)	\$10	X	1	=	\$
All-State Wind Ensemble & Band (Sat. 4/25, 11 a.m.)	\$10	X	1	=	\$
All-State Orchestra (Sat. 4/25, 3 p.m.)	\$10	X	1	=	\$
All-State Ticket Total					\$

Ways to Register:

1. Online at www.pmea.net
 2. Email to Kelly Gressley – Kelly@pmea.net (credit card payments)
 3. Mail- Return this form with full payment to: PMEA Conference Registration, 56 S. Third St., Hamburg, PA 19526-1828.
- We cannot accept purchase orders without payment in full.** Checks should be made payable to PMEA.

Registration Total \$ _____

Credit Card Info:

Card # _____

Exp Date _____ Security Code: _____

Name on Card _____

Billing Street Address: _____

Billing Zip Code: _____

On-Site Emergency Information:

Where you will be staying during the event: _____ Emergency Contact: _____

Relationship to you: _____ Contact's Phone # (____) _____

Any Special Dietary Needs?: _____

Office Use Only:

Credit Card	Check No.	Amount Pd