

This event is sponsored by the Handbell Musicians of America



Inland Northwest Handbell Conference
 March 24 & 25, 2017
 Lewiston First United Methodist Church
 1906 Broadview Drive
 Lewiston, Idaho 83501

(Please print clearly)

Organization _____ City, State, Zip _____
 Choir Name _____
 Director's Name: _____ Director's Phone: _____
 Contact Name _____ Contact's Phone number: _____
 (if different from director)
 HMA # _____ (if organization is not a member, please add fee below)
 Mailing Address _____ E-mail _____
 City, State, Zip _____ Phone (_____) _____

We will bring our own **tables, foam** measuring _____ linear feet (measure carefully). Please also bring your **table covers, binders, music stands, music, mallets, pencils, etc.** **Also, bring your full sets of bells and chimes (if you have chimes).**

We would welcome ringers to fill these open positions in our choir: _____.

OR

I/We will attend as **individual ringers** (3 or less from an organization) and would like to ring with a choir. I/we prefer to ring in the _____, _____ and / or _____ positions and will provide my/our own music.

Complete the table below indicating your Saturday Dinner preference by checking the appropriate box. Dinner consists of Baked Chicken & Salads. Bottled water will be provided.

Saturday Dinner-\$10.00 per person

RINGER'S NAMES * please print clearly*	Baked Chicken, Salads, Dessert	I'll make my own dinner arrangements
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
Dinner Totals:		

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Before February 06, 2017 No. of registrants _____ x \$50.00 = \$ _____

After February 06, 2017 No. of registrants _____ x \$60.00 = \$ _____

Saturday's Dinner No. of dinners _____ x \$10.00 = \$ _____

Family Discount No. of family members - \$ _____

- A \$10.00 discount is offered for a second participant (or more) from the same immediate family. The first family member pays full price and each additional immediate family member pays \$10.00 less.

Handbell Musicians of America – membership
(if you do not have a current one) x \$90.00 = \$ _____

TOTAL ENCLOSED \$ _____

The price of
Registration
includes
Saturday's
lunch.

Mail completed form with ONE check payable to "Area 10-Handbell Musicians of America" to:

Gary Gibler Registrar gwgibler@gmail.com 208-746-3253
1903 12th Avenue
Lewiston, ID 83501

Showcase Concerts

There are two opportunities for your choir, ensemble or soloist to perform – after lunch on Saturday for all the ringers or during the evening concert for all ringers and guest audience. Please fill out that section on page 2 of the registration form if you or your group would like to perform a solo or showcase piece.

If you'd like to perform during one of the showcase times complete the following:

Circle one: Our group/ensemble/solo would like to perform...

Circle one: After lunch on Saturday / In the Saturday evening Showcase Concert

Name of piece: _____

Arranger/Composer: _____

Length: _____



Cancellation policy: All cancellation requests must be in writing. Refund, less \$25.00 per person processing fee, will be made for cancellation requests postmarked by Friday, March 08, 2016. There will be no refunds for cancellations postmarked after that date. Refund checks will be mailed after the conference. A different ringer may be substituted with no processing fee.