



Registration Form
Harmony Music Conference
August 6 - August 8, 2009

Name: _____

Church: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Fax#: _____ Cell Phone#: _____

Email Address: _____

Please check music area that best describes you.

<input type="checkbox"/> Artist, Singer, Songwriter	<input type="checkbox"/> Producer, Audiovisual, Sound Engineer
<input type="checkbox"/> Manager, Business Personnel	<input type="checkbox"/> Musician, Music Director, Music Education
<input type="checkbox"/> Pastor, Worship Leader, Choir Director	<input type="checkbox"/> Dance, Musical Arts, Theatre

Cash

My Check is Enclosed:

(Make checks payable to Gospel Excellence Ministries)

Check#: _____ Check Amount: _____ Money Order Amount: _____

Credit Card: () Master Card () Visa () American Express () Discover

Amount charged on Credit Card: _____

Credit Card#: _____

CSV#: (3 digit # on back of your card or 4 digit # for AMEX): _____

Expiration Date: _____

Name as it appears on card: _____

Signature of Credit Card Holder: _____

Mail Form and/or Checks to: Gospel Excellence Ministries
Attention: Registration
P.O. Box 20847
Indianapolis, IN 46226

Fax Form to: (317) 479-2345 Email Form to: registration@tyscotgem.com