



**OREGON MUSIC TEACHERS ASSOCIATION, INC.**  
**TEACHER REQUEST FOR CONFERENCE**

Teacher Packet  
Form 3

Name of Teacher \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

OMTA Membership Status:  Active  Provisional  Student  Non-Member

If Student member, name of Sponsor: \_\_\_\_\_

Instrument \_\_\_\_\_

Length of Time Requested \_\_\_\_\_

Conference Fee Enclosed \_\_\_\_\_

Signature of Adjudicator \_\_\_\_\_