Article Title: __________________________________________________________________________
__________________________________________________________________________________

Article Author(s): ____________________________________________________________________
__________________________________________________________________________________

Please fill in your name, your highest degree(s), and your title at your professional setting (university, hospital, clinic, etc.), in the way you would like it to appear in the journal. Please give the name of the school, hospital, or clinic as they are officially written. It is important that we be given notification of any changes in your affiliation and mailing address between now and publication of this issue of the journal.

PROFESSIONAL/ACADEMIC AFFILIATION:

(your name, degree) (department or position)
__________________________________________________________________________________
(university, hospital, clinic, etc.)
__________________________________________________________________________________
(city, state)

Telephone & Fax # (for our office records): __________________________________________

E-mail Address: ____________________________________________________________________

MAILING ADDRESS: Please provide the full address of the place where all correspondence and a complimentary copy of the journal may be sent to you.
__________________________________________________________________________________
(number and street)
__________________________________________________________________________________
(city, state) (zip code)

PERMISSION TO PUBLISH: I, as sole or joint proprietor of this work, give National Association of Teachers of Singing and its assignees the exclusive right to publish my article in whole or in part in the above named publication.

Date: ________________________________

Signature

RETURN THIS FORM TO:
Richard D. Sjoerdsma
221 26th Avenue
Racine, WI 53403
Telephone: (262) 883-4041 FAX: (262) 551-6208
rsoerdsma@carthage.edu