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FROM THE CHAIR

“.….it is well to remember that music, in the end, is not about theory, but about the quality of the experience that music makes possible. It is about the experience that moves us, that somehow reaches the deepest part of our interior world, that part in which the human spirit resides. If we forget what music does for us we have no compass.”

Elliott Eisner (2001) “Music education six months after the turn of the century.”

With my background being in music education, the quotation above has inspired me for the last few years. It is a quote about all music and it also has much relevance to Music Therapy. One of my aims in life has been to convince people that music is not just an add-on or a decoration in life. Music Therapy shows us how powerful music is and how important it is for us to “get that message out there.”

As a society supporting Music Therapy our most important work must be to increase our membership base and from this, as general understanding of the valuable use of Music Therapy in a wide variety of settings increases, work opportunities for Music Therapists right throughout the country should also increase.

Although I was elected as Chair of the Council at the last Annual General Meeting in Dunedin, unexpected health problems meant I was not able to fulfill my commitments. Barbara Mabbett very capably and generously filled the Acting Chair role and led all the initiatives in the early part of the year. It has been a very busy time and sincere thanks go to her and all who have supported the Society through this period too. Our thanks also must go to Catherine Gibbs who, as past Chair, helped the Society decide on specific directions as the numbers of Music Therapy graduates increased.

This is a period of change and it must be a period of growth. The Council has some exciting projects to follow through but we will need support and growth of numbers in our membership to enable us to carry these out. Now is the time to all work together, both lay and professional members, to build Music Therapy and give it a more public profile.

Judy Field.

REPORT FROM COUNCIL

The Council Meeting was held on Sunday 13th May in Wellington. Items discussed were:-
- McKenzie Scholarship - The Scholarship Committee reported that unfortunately this year, no music therapy students had attained the standard necessary to receive an award.
- On-going planning for Conference 2007 and exploration of the possibility of Conference 2008 being held at Rotorua.
- Strategic Planning Update - a date has been set down for 10th-11th November 2007.
- Forum 2007 - It is expected fourteen music therapists will attend.
• NZSM Advisory Group - Council received a report from Linda Webb on issues facing the Advisory Board in the future and the need for the society to follow-up on continued work with high level managers in the Health area. She sees the follow-up work of NZSMT as complimentary to that of the Board, where the society could be pro-active from as early as the beginning of secondary education.

• Website - development of the new site is well underway.

The next meeting is on Sunday 29th July in Wellington.

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REPORT OF REGISTRATION BOARD

The Registration Board met on Saturday 26th May in Wellington. Seven applications for registration were considered. Four renewals were approved.

Those therapists with practicing certificate renewals due for May 2007 and wishing to have them considered should forward their applications to reach the Registrar. Prior to the next meeting of the Board on 2nd August 2007.

There are currently 27 registered music therapists in New Zealand.

The Board is eager to be notified of those music therapists practicing in New Zealand but not registered in New Zealand so that they may be invited to register and join the society.

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NEW ZEALAND SOCIETY FOR MUSIC THERAPY

CALL FOR NOMINATIONS FOR LAY MEMBERS

A new Council of New Zealand Society for Music Therapy Council will be elected at the Annual General Meeting of the society on 23rd September 2007. Positions for two lay members are open for nomination this year. These positions are for a three year term.

The NZSMT is eager to maintain close dialogue with all members and others involved or interested in music therapy in New Zealand. In order to ensure the society is meeting the needs of the wider music therapy community, it welcomes expressions of interest from allied health professionals, people who have knowledge and/or expertise in business, management, education, medicine, justice or rehabilitation fields and clients and their families and caregivers.

Nominations must be received by the society by 24th August 2007.
(See address below)

Each nomination must be signed by the nominee, and include his or her name, full postal address and contact details as well as a concise resume of approximately 150 words.

Ballot papers will be sent to all financial and life members. These may be returned by post or by hand, closing at 5pm on the day before the AGM Sunday 23rd September 2007.

Results will be announced at the AGM and published in the following MusT.

******************

NEW ZEALAND SOCIETY FOR MUSIC THERAPY

CALL FOR NOMINATIONS FOR PRESIDENT

At this year’s Annual General Meeting of the society on 23rd September 2007 a new Council will be elected for a new term. The position of President is open for nomination this year. This position is decided by a ballot of all members and is for a three year term with eligibility for re-election for a maximum of three consecutive terms.

All members of NZSMT are entitled to nominate and vote for a person for this position.

Nominations must be received by the society by 24th August 2007.
(See address below)

Each nomination must be signed by the nominee, and include his or her name, full postal address and contact details as well as a concise resume of approximately 150 words.

Ballot papers will be sent to all financial and life members. These may be returned by post or by hand, closing at 5pm on the day before the AGM Sunday 23rd September 2007.

Results will be announced at the AGM and published in the following MusT.
A recent Symposium - "an academic festschrift", organised jointly by Victoria University and Rotary Club, Wellington and held at the Ilott Theatre at the Wellington Town Hall – was a celebration and acknowledgement of the extraordinary diversity of Sir Roy McKenzie’s involvements since picking up the reins of his father’s legacy in business and community philanthropy. Now 84, he has, as we heard via many tributes, not just equalled the contribution, but advanced the ideology of philanthropy to such a mind-numbing degree, that speaking time was a regimented five minutes, to cover the number of contributors within the three hour programme, who shed light on the recipients of his inspiration.

The aim of the symposium was, to quote the explanatory invite, “to enable individuals and organisations, whose future Sir Roy has helped shape, to comment on how they are now shaping the future”. In his opening comments, Sir Roy gave particular thanks to his wife Shirley for sharing his vision over their life together and also paid tribute to the dedicated people who over the years had helped him administer trusts and funding.

The Symposium programme of tributes was interspersed with musical items: Karen Heathcote, a soprano/harpist; a jazz group during the afternoon tea break and a final item by NZSM Tasman Quartet minus one, which group no doubt will help shape the future in music.

An impromptu sing-along, as initiated by our own Morva Croxson in closing her tribute, delightfully caught everyone by surprise (I’m sure I heard a collective gasp). Its very simplicity echoed the depth of generosity of this man and his wife, as we sang “and your house is my house, and my house is your house”.

There is a booklet recording the tributes to Sir Roy and a signed copy by the speakers was presented to him at the end of the Symposium. Get hold of a copy if you can – Shaping the Future.

Ongoing issues for the future were:
1) how disadvantaged are the deaf and hearing impaired. This was reinforced to us as we watched a pair of interpreters ‘sign’ the dialogue that was being spoken by the guests.
2) the plight of those with learning difficulties and those who learn differently. Dyslexia has only just been officially recognised.
3) Assisting families and youth.

Sir Roy’s best legacy is his vision. To quote him, “THE BEST THINGS WE CAN LEAVE ARE FOOTPRINTS FOR OTHERS TO FOLLOW”.

Your prints direct us into the future.

THANK YOU, SIR ROY MCKENZIE.

Fran Baldock

******************************

NZSMT SUBMISSION FOR DRAFT EVIDENCE BASED GUIDELINE FOR AUTISM SPECTRUM DISORDER

In 2004 the Ministries of Health and Education started to put together a set of evidence-based guidelines to provide guidance on Autism Spectrum Disorder (ASD) in both children and adults in New Zealand. The guidelines will cover identification, diagnosis, ongoing assessment and access to interventions and services. They aim to provide the best evidence currently available to help ensure decision-making that will improve health, educational and social outcomes for people with ASD.

NZSMT had the opportunity to respond to the draft during a consultation process which started in late 2006. Daphne Rickson, Morva Croxson and I formed a working group to prepare a submission with and on behalf of Registered Music Therapists in New Zealand.

We sought to show that Music Therapy is a professional practice that is both mainstream and effective for people with ASD. Unfortunately there was hardly any mention of Music Therapy in the guidelines, only a passing comment that there was not enough research for Music Therapy to be considered a ‘mainstream’ therapy and was mentioned in Part Four of the draft, ‘Other Interventions’. The glossary definition was also incorrect. We felt that this was inappropriate and discriminatory to the profession and sought to ensure that it is represented fairly in the guidelines.

We provided basic information such as a definition and brief history of Music Therapy as a profession internationally, highlighting that in many countries Music Therapists are highly regarded health professionals working in multi-disciplinary allied health teams across a wide range of settings, including ASD. We also cited good evidence based research, such as the highly

(cont. page 10)
Initially, the music therapy process followed a firmly structured model, which had boundaries around confidentiality, behaviour and participation.

However, gradually the process of therapy has changed within each of the Units to accommodate the ever-changing environments. The clients’ moods can change within minutes and music can sometimes be the trigger to either address issues or assist with a recreational/emotional outlet.

My current area of interest is to monitor the changing role of music therapy and the music therapist when dealing with clients within the Forensic Psychiatric Units – there are so many ways the therapeutic process involved in music therapy can ‘tap into’ various ‘states of being’ and become the medium through which communication and negotiation can begin.

From the early stages of treatment to the final rehabilitation process, it is wonderful to have music therapy recognized as a valued contribution to the overall healing/transitional process, and it is my aim to prepare a resource for other music therapists wishing to work with this area of client. I see the role of music as a constant evolving medium through which results can be monitored and, by creating some ‘thoughts on paper’ regarding the future role of music therapy, I feel that it will prove invaluable for the multi-disciplinary team framework.

Shelley Spang
BMus; LTCL(piano); LTCL(Vocal); AIRMT RMTh (London); SRATh (London); NZSM

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MUSIC THERAPY WITHIN INPATIENT FORENSIC UNITS

Within The Mental Health Division at Hillmorton Hospital, Christchurch, are three inpatient Forensic Units:

Te Whare Manaaki – medium secure/locked unit. Patients are
- referred by courts for psychiatric assessment and possible treatment;
- sentenced prisoners transferred from prison who are of concern;
- transferred from prison at the recommendation of Psychiatrist;
- sometimes referred from the community under Mental Health Act – Community Treatment Order.

Te Whare Hohou Roko – long term rehabilitation unit (Secure Unit)

Te Whare Mauriora – Rehabilitation Unit (transition to community)

In 1992, I undertook music therapy work within Te Whare Manaaki, and the changes since then and 2006 have been dramatic! Changes within the approach to Mental Health have become as varied as the types of clients and their mental health issues. Back in 1992 music therapy was relatively ‘new’ and, although it has proved to be a positive factor of the rehabilitation/assessment process, it was largely unsupervised by staff and certainly not as ‘safe’ for the therapist as it is now. Security, safety and multi-disciplinary teamwork are firmly established now, and the atmosphere within these units is less intimidating than previously experienced. Staff-patient ratio is much higher, and groups are attended by staff who actively participate along the patients.

Music therapy began at Te Whare Manaaki in January, 2006, initially for a ten week period, to trial the value of a Music Therapy Group for the patients. Following this 10 week trial, music therapy has been ongoing – and has been extended to include both group sessions and individual therapy within this Unit.

Having begun at Te Whare Manaaki, I was then approached by the other two Forensic Units, and I then began group sessions on a weekly basis, thereby introducing music therapy to all three Units, with patients at varying stages of treatment/rehabilitation.

The New Zealand Journal of Music Therapy

Price $20

Copies of the 2006 Journal are available from:

The Executive Officer
P O Box 22 364
Khandallah,
Wellington 6035
### NZSMT ANNUAL CONFERENCE 2007

#### “FROM STRENGTH TO STRENGTH: THE RISE OF MUSIC THERAPY”

#### SATURDAY 22 SEPTEMBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:15 am</td>
<td>Registration</td>
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<tr>
<td>9.00 am</td>
<td>Welcome and Opening</td>
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<td>Welcome Speaker ; Professor Elizabeth Hudson, Director NZSM</td>
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<tr>
<td>9.30 am</td>
<td>Morning Tea</td>
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<tr>
<td>10.00 am</td>
<td>KEYNOTE ADDRESS</td>
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<td>Professor LESLIE BUNT, Professor in Music Therapy, University of the West of England, Bristol, UK.</td>
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<tr>
<td>11.30 am</td>
<td>Alison Cooper &amp; Claire Molyneux</td>
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<td>Singing the same tune? Co-therapy to support clients experiencing a change of music therapist.</td>
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The continued growth of music therapy in New Zealand will give more clients access to music therapy. There may also be an increase in the number of clients experiencing a change of music therapist. Causes for such a change might include music therapists or clients moving out of the geographical area, staff changes at a music therapy facility, short-term student practicums, or referral to another music therapist with particular expertise. A period of co-therapy is suggested as an alternative to closure and a new beginning. This approach might assist clients to cope with a significant change, and offer the new therapist an insight into their previous music therapy experiences. This paper will be illustrated with video clips of casework during a period of co-therapy with children with special needs as well as reflections from the therapists on the process.

**Alison Cooper**  
MMTher (Award pending), MEd, BA (Hons): Qualified in 2006 from NZSM, Wellington and currently working part-time for the Raukatauri Music Therapy Centre, Auckland. Alison is also a registered teacher and works part-time as a music therapist and music teacher for the Blind and Low Vision Education Network NZ. Prior to this she was a primary school teacher in the UK and Auckland.

**Claire Molyneux**  
MA Music Therapy: Qualified in 1996 from APU, Cambridge UK. Claire moved to New Zealand in 2005 and is currently Head of Clinical Services at The Raukatauri Music Therapy Centre, Auckland, which provides music therapy to children and young people with special needs. Prior to coming to New Zealand, Claire worked for the NHS in Leicestershire for the Child and Adolescent Mental Health Service (CAMHS) as well as in special education. She has done additional training in group analysis and is a registered supervisor with the Association of Professional Music Therapists. Claire has contributed to training student music therapists on placement both in the UK and New Zealand.
Hospitalisation is not only a potentially difficult and stressful time for children but their parents as well. How a parent copes with this can influence the child’s wellbeing, thus it is of particular interest to those working with hospitalised children to consider and support parents. This paper investigates the role of music therapy in supporting both children and their parents. It explores the perspectives of parents, staff and therapist on their experiences of short-term music therapy. Masters research was undertaken in a paediatric ward in New Zealand to answer how music therapy supports children and their parents, and whether it is important/valuable for music therapist’s to involve parent(s) in sessions. The qualitative study utilised a naturalistic inquiry approach. Data was collected through interviews with three parents and a staff member, clinical notes from three sessions with different children, and a research journal. The findings from this will be presented. Factors that may determine the importance of parental involvement will be discussed along with the benefits of both parental presence and absence. The findings from this study suggest that music therapy can help paediatric wards provide an environment that is responsive to the psychosocial needs of both hospitalised children and their parents.

ABSTRACT
This presentation will share an innovative adaptive electronic music technology by which sounds are generated and manipulated using pressure-sensitive client hand-held grip controllers. Clinical uses of these controllers and music programs, which can be selected and adjusted by the therapist based on client needs and goals, will be demonstrated and explored with session video of adults with intellectual needs. The emphasis will be on facilitating client creative expression in a group setting, as well as on how to assess the clinical possibilities of current and emerging electronic music resources.

FORMAT AND LENGTH
As the presenter is not able to attend the conference, the presentation will be recorded on DVD to be played at the conference. This could happen at a planned session time or break time. The DVD would be 40-45 minutes long. If technology such as a phone link or cell phone link can be established, there could be an opportunity for questions and answers at the conclusion of the presentation.

PRESENTER
Robert E. Krout, Ed.D, RMTh, MT-BC ,Director of Music Therapy, Division of Music, Meadows School of the Arts, Southern Methodist University

Robert received his Bachelor of Music degree with Honours from Ithaca College, and his postgraduate degrees in Music Therapy, Special Education, and Music Education from Columbia University in New York City. He has taught at SUNY New Paltz, Georgia College & State University, and Marywood University, and has practiced in various clinical settings since 1980. Author of a number of books, chapters, monographs, and articles, he has presented at regional, national, and international conferences and was a Keynote Speaker at the 2005 World Congress of Music Therapy in Brisbane. Previously at Massey University, Robert is currently Director of Music Therapy at Southern Methodist University in Dallas, Texas.
Music therapists throughout the world have historically primarily engaged in ‘clinical’ music therapy practice. Like other Allied Health Professionals in education they have worked with students, or groups of students, most often in units or special schools, in a therapy room where intensive ‘intervention’ can take place. In this model, the music therapist is the expert clinician who provides a remedial service directly to children who have special education needs. Over recent decades the view of disability has moved from a more medically focused model in which students are perceived as having functional limitations, to an ecological understanding which acknowledges the influence of the social and physical environments on student participation and achievement (McMenamin et al., 2004). Music therapists are being asked to reconsider the education environments in which they currently work, and examine the possibility of undertaking a consultation role to aid other professionals in their work (Jones & Cardinal, 1998). This presentation introduces an initial assessment and consultation protocol which will be developed in a larger Action Research project as the author works with multidisciplinary team (MDT) members, including parents, to support their therapeutic use of music with students who have ‘high’ or ‘very high’ special education needs.

Daphne Rickson: Music Therapy Lecturer/Coordinator of Clinical Programmes
MMusTher (Massey, Wellington), MHealSc(MenH) (Otago), LTCL, RMTher

Daphne Rickson has been lecturing on the Master of Music Therapy programme at Massey University since its inception in 2003. Previous to that she had fifteen years clinical music therapy experience working predominantly in special education settings. Her major research interests have been investigating music therapy with aggressive adolescent boys; and with adolescents who have Attention Deficit Hyperactivity Disorder (ADHD). Daphne is currently engaged in doctoral research exploring the potential role of music in special education settings and the development of a music therapy assessment and consultation protocol.

3:15pm       Afternoon Tea

3.45pm       Edith Klosterman       Music Therapy at St. Chads- From Vision to Reality

In this presentation I would like to illustrate the development of music therapy at St. Chads Communication Centre. It all started with the founder of St. Chads in the mid 970’s, Lucilla Quinn. Lucilla has always had a passion and a vision for improving the quality of life of those living with disabilities through the creative use of music. Lucilla attended a seminar with Nordoff and Robins and then employed aspects of music therapy in her daily interactions with those coming to St. Chads. Lucilla Quinn still lives in the community and I am hoping to interview her for this presentation.

Furthermore, I want to present on the current developments in music therapy at St. Chads, the vision the Trust had when they created my job and how it has come to reality. The unique environment of St. Chads along with both its advantages and disadvantages as well as the challenges of promoting and marketing music therapy in an area of low socio-economic status should make this an interesting and informative presentation.

Biographical Information:
BM Viola Performance 08/03 from Illinois State University
MM Viola Performance 12/05 from Illinois State University
MM Music Therapy 08/06 from Illinois State University
Internship at Childrens Medical Centre Dallas, TX 01/06- 07/06
MT-BC since 08/06
Music Therapist at St. Chads since 09/06

4.30 - 5.30pm       WORKSHOP        Drum Circle

5.30 - 6.30pm       SPONSORS EXHIBITION
This study examined the interventions carried out by the researcher working at a mainstream high school with a group of developmentally delayed adolescents. Through an Action Research model with cycles of Data Collection, Evaluation, Action and Critical Reflection the researcher aimed to constantly develop her own clinical practice with these students. Of particular interest was the intervention ‘talking around topics’ which appeared to develop as the study progressed. This intervention allowed the clients to start to develop conversation skills using more descriptive language. At the start of the study the predominant interventions were direct questions and statements because clients appeared only able to use concrete replies, by the end of the study more descriptive techniques were being used, clients were initiating their own interactions and the amount of talking around topics had increased during sessions. This study enabled the researcher to improve her clinical practice by constantly evaluating her own actions. This project was carried out as part of the researcher’s Master of Music Therapy study.

As music therapy grows as a profession in New Zealand, music therapists continue to create new opportunities, both for themselves as therapists, and for client groups within the community. Frequently these are based on previous experiences, either their own, or those of other music therapists working abroad.

Music For Everyone is a community based arts organisation, in Canberra, Australia. As part of their philosophy of making music accessible to all people, it employs music therapists to work with groups of adults with disabilities. Julie Wright, RMT, and Megan Berentson-Glass, RMT, worked together for two years, co-leading a large music group for adults with disabilities at MFE.

This paper will discuss the purpose and the outcomes of this group programme, and the supportive role the music centre played in this. Clinical examples, including video footage and musical improvisations will be used.
Finally, the paper will discuss the role this previous experience has played in the development of new music therapy groups for adults with disabilities living in group homes in the Wellington region.

Megan Berentson-Glass is a Wellington based registered music therapist, who trained at the University of Queensland in Australia, and worked in Canberra prior returning to New Zealand in 2005. She is currently employed by Kapi Mana Special School, and works in private practice with a wide client base.

Julie Wright is a Canberra based registered music therapist, who trained with Carol and Clive Robbins in Australia. Julie currently works for Music For Everyone, and for the Sing and Grow programme. She also teaches piano privately.

12.00pm  Kathryn Stevenson  From Reading to the Doing; The practical component of Becoming a Music Therapist.

Becoming a music therapist is not unlike a caterpillar eating great quantities before going into its cocoon and re-emerging as a beautiful butterfly. First there is the learning of theory, psychology of music, and how the brain processes music, as well as developing musical skills, followed by the practical, the learning to ‘do’ in music therapy. This analogy is not perfect and I would hate to suggest that the ‘doing’ is akin to the cocoon because my observations and experience have taught me that far from being ‘inactive’ (as we perceive the cocooned caterpillar to be), the music therapist in training is in fact very active, extremely busy and constantly on the go.

How do we get from the reading, studying, researching, to the actual ‘doing’, the practical, the ‘being a music therapist?’

This paper explores aspects of what is actually implicated in the practical aspect of the training. Why is it so busy, so terrifying, and so exciting for both student and supervisor? Examples are drawn from literature, observations while supervising students, and personal experience of setting up an American Music Therapy Association Internship site.

Kathryn Stevenson, MA, MT-BC has worked for 10 years as a music therapist. Five of these years were spent working at a special Education preschool in NY, where, she set up and ran an American Music Therapy Association approved Internship site, after supervising several practicum students from local universities, and completing her MA in music therapy.

12:45pm  LUNCH  Sponsors’ Exhibition

1:45pm  Sarah Hoskyns  Workshop ‘Promoting the Playful’
(NB: This workshop is limited to up to 40 people)

2.45pm  Panel discussion  THEME: To be confirmed

3.30pm  Closure and Farewell
regarded Cochrane Review on Music Therapy for Autism Spectrum Disorder (Gold, Wigram, & Elefant, 2006), numerous case studies, controlled trials and documentation on the role of Music Therapy in diagnosis and clinical assessment. We also included an extensive bibliography on Music Therapy and ASD.

Thanks go to Daphne who undertook the initial task of researching and collating the large amount of information and writing the first draft.

It is anticipated that the guidelines on ASD will have a considerable impact on which services are provided and the way in which they are funded, so it has been particularly important that Music Therapy has had fair representation. We look forward to hearing feedback from the Guidelines Committee on our submission in due course.

May Clulee

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PROJECT APPLICATIONS

For new members unfamiliar with the Project Application process please note the following:

PROJECT TYPES

Projects are likely to fall into one of three main categories:

• Category One: Music Therapy Information or Promotion
• Category Two: Fund-raising Event
• Category Three: Music Therapy Resource Provision

All projects must have a qualified music therapist as adviser.

All project applications and/or approach letters received by Council (or its delegated sub-committee) will be considered in relation to NZSMT rules, policy, and financial parameters.

Full details of the process are recorded in the NZSMT Handbook.

Notices of Events, Conferences, Seminars, Workshops (from related professions and organizations)

Are you aware of upcoming events that may be of interest to other members? Contact the Executive Officer to have the information included either in MusT or on the website.

• BRIDGING THE GAP: THERAPY SKILLS IN ONCOLOGY

The sixth national Psychosocial Oncology NZ Conference

Dates: Thursday and Friday, November 1st - 2nd, 2007
Venue: Langham Hotel, Symonds St, Auckland

The Bridging the Gap conference will provide an opportunity for health professionals to share knowledge and develop skills for working in this specialised field.

The provisional programme includes a panel discussion on barriers and solutions for Maori and Pacific people with cancer accessing psychosocial services, and a presentation by Dr Craig Hassed from Monash University in Australia.

See http://www.ponz.org.nz/ or contact jrankine@actrix.co.nz, phone 021 112 6868.

For information about PONZ, contact Jan Tan on 021 658 196 or family.support@mercyhospice.org.nz.

• World Congress of Music Therapy

Music, Culture, Sound and Health.
1st call for papers out now!
Deadline for proposal submissions is August 30th, 2007
See 12th World Congress of Music Therapy.

• Employment Opportunities

NZSMT is able to promote opportunities for employment of Registered Music Therapists both in this magazine and on the website. Let your employer know that we can offer this service to them at no cost or contact the Executive Officer if you are aware of opportunities which could be advertised.
REGISTRATION FORM

NZSMT ANNUAL CONFERENCE: 22/23 SEPTEMBER 2007
Venue: Brentwood Hotel, 16 Kemp Street, Kilbirnie, Wellington

"From Strength to Strength: The Rise of Music Therapy"

Name________________________________ ________________________________________

Tel No (_____) ___________________ Email ______________________________________

Address  _____________________________________________________________________

Registered Music Therapist ☐ Member ☐ Non Member ☐ Student (ID required) ☐

Fee (incl GST)
The registration fee includes materials, morning and afternoon teas and lunches on both days. Materials will be available when you register at the conference.

ENROLMENT BEFORE 31 JULY LATE ENROLMENTS AFTER 1 AUGUST

NZSMT member $200.00 NZSMT member $220.00

Non-members $220.00 Non-members $230.00

Student (ID signed by course supervisor required) $100.00 Student (ID signed by course supervisor required) $110.00

Half day session (no student discount) $ 85.00 Half day session (no student discount) $ 85.00

Sub-total ☐ Sub-total ☐

Dinner: Yes / No $ 42.00 Dinner: Yes / No $ 42.00

Guests:Yes / No @$ 42.00 per person $ Guests: Yes / No @$ 42.00 per person $

TOTAL CHEQUE ENCLOSED $ TOTAL CHEQUE ENCLOSED $

Accommodation: Please make your own bookings.

PLEASE RETURN, NO LATER THAN Friday 7th September, 2007

TO: NZSMT CONFERENCE c/- P O Box 22364, Khandallah 6035, Wellington

REFUND POLICY
If you cancel your registration before 19 August 2007 a refund will be made, less an administration fee of $50 (incl GST). After 19 August 2007 there will be no individual refunds unless the conference is cancelled. Refunds will not be made after 19 August except in special cases of medical or family emergencies. Registrations are transferable. Please advise NZSMT in writing of the change. NZSMT reserves the right to cancel or reschedule this conference if necessary.