



## MUSIC THERAPISTS GETAWAY WEEKEND RETREAT APPLICATION

*(Please email completed form to  
[info@romanmusictherapy.com](mailto:info@romanmusictherapy.com) or fax to 781-224-3306)*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Are you a Board Certified Music Therapist? Yes ☐ No ☐

What inspired you to attend the Music Therapy Getaway Weekend Retreat?

Please describe your current work situation.



With which populations do you currently work?

Are there particular areas related to self-care, clinical supervision, or business coaching that you would like to address during your weekend experience?

When we complete our Music Therapist Getaway Weekend Retreat, how will you know that it has been successful for you?

Do you have any food allergies we should be aware of as we meal plan for the weekend?

Please select your room preference

☐ Shared Room, Shared Queen Bed

☐ Shared Room, Twin Bed

All accommodations will be shared. Is there anyone participating in the weekend that you would like to room with?



Is there anything you want to tell us about your personality, temperament, or style that will help us to facilitate a positive experience for you?