AUTHOR REGISTRATION FORM FOR WORK SUBMISSION

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Regarding music therapy education, indicate\*:

Undergraduate degree\* YES ( ) NO ( ) location\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year\*:\_\_\_\_\_\_\_\_\_

Specialization\* YES ( ) NO ( ) location\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year\*:\_\_\_\_\_\_\_\_\_

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Would you like to mention an institution involved in the development of the material (research group, University, Research Foundation, sponsors)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Music Therapy Association Registration\*: \_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of submission\*

( ) Article - research-based works

( ) Article - theoretical studies/essays

( ) Interview

( ) Reflective professional experience report

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