

2010 Cambio de Colores Registration Form

Please print or type. Only one person per form. Form may be copied.

Full Name: _____

Preferred Name for Name Tag: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax: (____) _____

Email: _____

Registration Fees:

(Except when noted, the fee includes meals, breaks, and registration packet)

Discounted Early Bird Registration (if received by April 25, 2010).....\$175..... \$ _____

Regular Registration (if received before May 17, 2010).....\$200..... \$ _____

Student Rate (Full-time students, copy of ID required).....\$110..... \$ _____

One-Day Student Rate (Student ID required, no meals).....\$40..... \$ _____

Late Fee (applies after May 17, 2010).....\$25..... \$ _____

Total Registration Fee \$ _____

Please select the type of institution you belong to (for statistical purposes):

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Education | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> No Institutional Affiliation |
| <input type="checkbox"/> Higher Education | |

Please Check if Applicable:

- Yes, I plan to attend the Monday dinner (cost included in registration fee)
- Yes, include my name on the roster that will be handed out at the conference

Methods of Payment:

Check enclosed (payable to the University of Missouri)

Purchase Order (authorized PO must be attached) PO # _____

ISE (For University employees only) Dept. Name _____

MO Code _____ Account Value _____

Credit Card MasterCard Visa Discover Exp. Date ____/____

Credit Card # _____

Card Holder Name (please print) _____

Authorized Signature _____

Address if different than above _____

How to Register:

Mail: MU Conference Office, 348 Hearnes Center, Columbia, MO 65211

Phone: (573) 882-4038 or toll-free 1 (866) 682-6663

Fax: (573) 882-1953

Register on-line: <http://muconf.missouri.edu/cambiodecolores>

Office Use Only CEIS: 113014

Customer ID # _____ Receipt # _____