



Registration Form

Stoney Creek Inn, Columbia, MO
June 13-15, 2012

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

Registration Fees:

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

<input type="checkbox"/> Discounted Early Bird Registration (if received by May 14, 2012).....	\$175.00	\$ _____
<input type="checkbox"/> Regular Registration (if received before June 4, 2012).....	\$200.00	\$ _____
<input type="checkbox"/> Student Rate (Full-time students, copy of ID required).....	\$110.00	\$ _____
<input type="checkbox"/> Late Fee (applies after June 4, 2012).....	\$25.00	\$ _____
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 would be willing to moderate a session during the conference.
 Yes, I plan to attend the Wednesday night 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 of Missouri employees only*) Dept. Name _____
 MO Code _____ Account Value _____
 Credit Card MasterCard Visa Discover Exp. Date _____/_____
 Credit Card # _____ CSV (3-digits on back of card) _____
 Card Holder Name (please print) _____
 Authorized Signature _____
 Address if Different than Registrant _____

How to Register:

Mail: Cambio de Colores, 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: www.cambiodecolores.org

Office Use Only CEIS: 119235 Customer ID # _____ Receipt # _____
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