



# Registration Form

**University of Missouri-St. Louis,  
St. Louis, MO  
June 12-14, 2013**

**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: (\_\_\_\_) \_\_\_\_\_ 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 13, 2013).....	\$175.00	\$ _____
<input type="checkbox"/> Regular Registration (if received before June 4, 2013).....	\$200.00	\$ _____
<input type="checkbox"/> Student Rate (Full-time students, copy of ID required).....	\$110.00	\$ _____
<input type="checkbox"/> Late Fee (applies after June 3, 2013).....	\$25.00	\$ _____
<b>Total Registration Fee .....</b>		<b>\$ _____</b>

**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
- Yes, I am interested in earning Continuing Education Units (CEUs) (included in registration fee)

**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  American Express Exp. Date \_\_\_\_\_/\_\_\_\_\_  
 Credit Card # \_\_\_\_\_ CSV \_\_\_\_\_  
 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](http://www.cambiodecolores.org)

Office Use Only CEIS: 121326    Customer ID # _____    Receipt # _____
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