



MU Student Registration Form

Courtyard Marriott | Columbia, MO

June 8-10, 2016

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: _____

Office Use Only CEIS: 126457 Customer ID # _____ Receipt # _____

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

MUsStudent Rate (Full-time students, copy of ID required).....\$50.00 \$ _____

TOTAL AMOUNT ENCLOSED\$ _____

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, I want Continuing Education Units (CEUs) (included in registration fee and require attendance documentation during the conference)

What are 3-5 words describing your general areas of interest? This will be shared in the roster to facilitate networking. _____

By registering I give my permission to distribute my name and contact information to conference attendees and vendors. If I prefer not to be included in these distributed lists, I will include a written notice with my registration for my contact information to be omitted.

If you have registration questions, please contact Debbi Haskamp at the MU Conference Office (573) 882-4038 or muconf1@missouri.edu.

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

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

Card Holder Name (please print) _____

Authorized Signature _____

Address if Different than above _____

Credit Card # _____ Exp. Date _____ / _____