

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:

- | | | |
|---|-------|-----------------|
| <input type="checkbox"/> Full Conference Registration | \$175 | \$ _____ |
| <input type="checkbox"/> Boxed Lunch (Wednesday, March 30, 2005) | \$ 12 | \$ _____ |
| <input type="checkbox"/> Parking Pass (Wednesday, March 30, 2005) | \$ 2 | \$ _____ |
| <input type="checkbox"/> Parking Pass (Thursday, March 31, 2005) | \$ 2 | \$ _____ |
| <input type="checkbox"/> Parking Pass (Friday, April 1, 2005) | \$ 2 | \$ _____ |
| <input type="checkbox"/> Late Fee after March 16, 2005 | \$ 25 | \$ _____ |
| Total Registration Fee | | \$ _____ |

Concurrent Sessions, Wednesday, March 30, 4:00-5:00pm – Choose One

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Breakout 1 | <input type="checkbox"/> Breakout 2 | <input type="checkbox"/> Breakout 3 | <input type="checkbox"/> Breakout 4 |
| <input type="checkbox"/> Breakout 5 | <input type="checkbox"/> Breakout 6 | <input type="checkbox"/> Breakout 7 | |

Concurrent Sessions, Thursday, March 31, 11:00am-12:20pm – Choose One

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Breakout 1 | <input type="checkbox"/> Breakout 2 | <input type="checkbox"/> Breakout 3 | <input type="checkbox"/> Breakout 4 |
| <input type="checkbox"/> Breakout 5 | <input type="checkbox"/> Breakout 6 | <input type="checkbox"/> Breakout 7 | |

Concurrent Sessions, Thursday, March 31, 3:40-4:40pm – Choose One

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Breakout 1 | <input type="checkbox"/> Breakout 2 | <input type="checkbox"/> Breakout 3 | <input type="checkbox"/> Breakout 4 |
| <input type="checkbox"/> Breakout 5 | <input type="checkbox"/> Breakout 6 | <input type="checkbox"/> Breakout 7 | |

Concurrent Sessions, Thursday, March 31, 4:50-5:55pm – Choose One

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Breakout 1 | <input type="checkbox"/> Breakout 2 | <input type="checkbox"/> Breakout 3 | <input type="checkbox"/> Breakout 4 |
| <input type="checkbox"/> Breakout 5 | <input type="checkbox"/> Breakout 6 | <input type="checkbox"/> Breakout 7 | |

Do we have permission to include your name, organization address and email on a roster? Yes No

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 # _____
- Credit Card: MasterCard Visa Discover
Credit Card # _____ Exp. Date _____
Card Holder Name (please print) _____
Authorized Signature _____
Address if different than above _____

How to Register:

1. Mail: MU Conference Office, 344 Hearnese Center, Columbia, MO 65211
2. Phone: (573) 882-4038 or toll-free 1 (866) 682-6663
3. Fax: (573) 882-1953
4. Register on-line: <http://muconf.missouri.edu/cambiodecolores>

Office Use Only CEIS: 44844

Customer ID # _____ Receipt # _____