

# 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 March 10, 2006)* .....\$175 \$ \_\_\_\_\_
- Regular Registration *(if received before April 4, 2006)* ..... \$200 \$ \_\_\_\_\_
- Student rate *(Full-time students, copy of ID required)* ..... \$110 \$ \_\_\_\_\_
- One-day student rate *(Student ID required, no meals)* ..... \$40 \$ \_\_\_\_\_
- Boxed Lunch *(Wednesday, April 19)* ..... \$12 \$ \_\_\_\_\_
- Late Fee after April 5, 2006 ..... \$25 \$ \_\_\_\_\_

**Total Registration Fee** ..... \$ \_\_\_\_\_

## Please select the workshops you would like to attend:

### Concurrent Sessions, Wed., April 19, 3:45-5:00pm – Choose One

- Breakout 1     Breakout 2     Breakout 3     Breakout 4
- Breakout 5     Breakout 6

### Concurrent Sessions, Thurs., April 20, 10:00am-11:30am – Choose One

- Breakout 1     Breakout 2     Breakout 3     Breakout 4
- Breakout 5     Breakout 6

### Concurrent Sessions, Thurs., April 20, 3:30-5:00pm – Choose One

- Breakout 1     Breakout 2     Breakout 3     Breakout 4
- Breakout 5     Breakout 6

### Concurrent Sessions, Fri., April 21, 9:45-11:00am – Choose One

- Breakout 1     Breakout 2     Breakout 3     Breakout 4
- Breakout 5     Breakout 6

**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 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, 344 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: 47811  
Customer ID # \_\_\_\_\_    Receipt # \_\_\_\_\_