

2010 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)

- | | | |
|--|------------|----------|
| <input type="checkbox"/> Discounted Early Bird Registration (if received by April 25, 2010)..... | \$175..... | \$ _____ |
| <input type="checkbox"/> Regular Registration (if received before May 17, 2010)..... | \$200..... | \$ _____ |
| <input type="checkbox"/> Student Rate (Full-time students, copy of ID required)..... | \$110..... | \$ _____ |
| <input type="checkbox"/> One-Day Student Rate (Student ID required, no meals)..... | \$40..... | \$ _____ |
| <input type="checkbox"/> Late Fee (applies after May 17, 2010)..... | \$25..... | \$ _____ |

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 plan to attend the Monday 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 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, 348 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: 113014

Customer ID # _____ Receipt # _____