

# 2011 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: \_\_\_\_\_

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 May 9, 2011)..... | \$175 | \$ _____ |
| <input type="checkbox"/> Regular Registration (if received before June 1, 2011) .....         | \$200 | \$ _____ |
| <input type="checkbox"/> Student Rate (Full-time students, copy of ID required).....          | \$110 | \$ _____ |
| <input type="checkbox"/> Late Fee (applies after June 1, 2011).....                           | \$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 Wednesday night 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 of Missouri employees only*) Dept. Name \_\_\_\_\_  
MO Code \_\_\_\_\_ Account Value \_\_\_\_\_
- Credit Card  MasterCard  Visa  Discover Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Credit Card # \_\_\_\_\_ CSV (3-digits on back of 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:** [www.cambiodecolores.org](http://www.cambiodecolores.org)

Office Use Only CEIS: 115911 Customer ID # \_\_\_\_\_ Receipt # \_\_\_\_\_