

# 2008 MEDC FALL CONFERENCE REGISTRATION

Yes, register me for the MEDC 2008 Fall Conference...

## PART ONE - REGISTRATION INFORMATION (Please Print)

Name on Badge \_\_\_\_\_ (include CEcD if applicable)

Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**REGISTRATION:** Includes All Sessions and Meals on Wednesday, Thursday and Friday excluding those marked "Dutch Treat". Registration also includes transportation to the Wednesday KC session and reception but you must sign up below for this transportation.

<u>Quantity</u>	<u>Description</u>	<u>Price</u>	<u>Total</u>
_____	MEMBER Registration (before Oct. 20)	\$225.00	\$ _____
_____	MEMBER Registration (after Oct. 20)	\$245.00	\$ _____
_____	NON-MEMBER Registration (before Oct. 20)	\$245.00	\$ _____
_____	NON-MEMBER Registration (after Oct. 20)	\$265.00	\$ _____

\_\_\_\_\_ I will ride the bus on Wednesday to our KC session/reception

\_\_\_\_\_ I will drive myself on Wednesday to our KC session/reception

\_\_\_\_\_ Don't plan on me for the Wednesday session/reception.

**EXTRA TICKETS ONLY for SPOUSES/GUESTS:** Name of Guest: \_\_\_\_\_

\_\_\_\_\_ Wednesday Transportation and Ticket to KC Session/Reception \$40.00 \$ \_\_\_\_\_  
\_\_\_\_\_ Thursday Evening Reception/Banquet/Entertainment \$48.00 \$ \_\_\_\_\_

TOTAL TO BE PAID: \$ \_\_\_\_\_

## PART TWO - PAYMENT INFORMATION

// Check Enclosed - Payable to MEDC // Check Being Processed

// Charge to Credit Card (Circle one: VISA MASTERCARD AMERICAN EXPRESS)

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

## PART THREE - MISCELLANEOUS

- C No-shows are responsible for payment of registration. No refunds after October 27, 2008.
- C Hotel reservations must be made by October 21, 2008 to honor the MEDC room block rate.
- C Dress for Conference is Business Casual.

## PART FOUR - NEW MEMBER BREAKFAST – Thursday, November 6, 2008

\_\_\_\_\_ Please make a reservation for me to attend the New Member Breakfast on November 6.

RETURN FORM TO MEDC

**G FAX TO 573-636-5783**

**J MAIL TO: MEDC, 204 E. High, Jefferson City, MO 65101-3287**