

# 18<sup>th</sup> Annual Fall Conference Registration

Saturday, October 22, 2011

Pre-registration is required and space is limited.  
Please complete one form for each person attending.



## Attendee Information:

Name:					
County of Employment:					
Your Employer (if not in-home childcare):					
Address:					
(Check one) Is this your:		Home address		Work Address	
City		State		Zip code	
Email:					
Home or Cell Phone:				Work Phone:	

Please list your 1st and 2nd choices for BREAK-OUT WORKSHOPS you wish to attend.  
(We will try to honor your first choice.)

Session A	10:00-11:30 AM	1 <sup>st</sup> choice		2 <sup>nd</sup> choice	
Session B	2:00-3:30 PM	1 <sup>st</sup> choice		2 <sup>nd</sup> choice	

Check if you are employed by North Kansas City School District

**REGISTRATION FEE - \$45.00 per person**  
(If postmarked or emailed after October 14<sup>th</sup> — include \$15.00 late fee)

**If mailing form:**  
University of Missouri Extension  
1901 NE 48th St  
Kansas City, MO 64118

If conference is full when your registration form is received, you will be notified.

Registrations postmarked by October 14<sup>th</sup> will be accepted, if space is available.

Questions? Call 816-407-3490 or  
Email: [mlned@missouri.edu](mailto:mlned@missouri.edu)

## PAYMENT METHOD

<input type="checkbox"/>	Check Enclosed	Amount			
<input type="checkbox"/>	Credit or Debit Card	Amount			
<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Discover
<input type="checkbox"/>			<input type="checkbox"/>	American Express	
Card Number					
Expiration Date			/		3-digit card security code
Name as shown on credit or debit card					