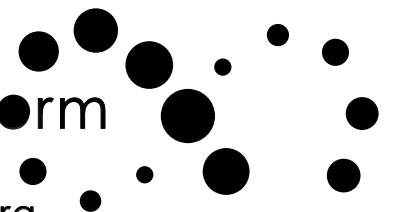


CONFERENCE Registration Form



Registration is also available On-line at www.macdds.org

PLEASE PRINT LEGIBLY OR TYPE (use one form per registrant)

Name _____ Title _____

Home or Business Address _____

City, State, Zip and **County** _____

Fax # _____ Email _____

Home Phone # _____ Business Phone # _____

Employer _____



I am a(n): SB 40 Board Member Professional Staff Support Staff
 Parent/Family Member Person w/ Disability Other

IF YOU NEED ACCOMMODATIONS, CHECK THIS BOX: Describe: _____

I require a: Vegetarian Meal Special Diet (please describe)

Please ENTER THE NUMBER of the session you will attend for TIME FRAME. Incomplete registration forms will be returned. This information is needed to make room assignments and to avoid overcrowding the sessions. SESSIONS MAY BE LIMITED BECAUSE OF SPACE SO REGISTER EARLY. Thank you for your cooperation.

THURSDAY, OCTOBER 15, 2009			FRIDAY, OCTOBER 16, 2009		
Session #	Session	Time	Session #	Session	Time
	Pre-Conference (1 - 3)	9:00-11:00 a.m.		Sessions 18 - 22	8:30-9:30 a.m.
	Sessions 4 - 8	1:45-2:45 p.m.		Sessions 23 - 26	9:45-10:45 a.m.
	Sessions 9 - 12	3:00-4:00 p.m.			
	Sessions 13 - 17	4:15-5:15 p.m.			

* Sessions 8 & 22 vary in length from 2 - 3 hours.

REGISTRATION FEES: (Check only one box)

If your registration is postmarked or faxed by:

Conference Only

Pre-Conference and Conference

Pre-Conference Only

Brunch Only (non-conference participants)

ON OR BEFORE

9/18/09

\$115

\$155

\$50

\$24

AFTER

9/18/09

\$155

\$195

\$90

TOTAL ENCLOSED \$ _____

Check Enclosed. Make checks payable to MACDDS and mail with completed registration form to:

MACDDS, 606 Dix Road, Jefferson City, MO 65109

Credit Card Payment: VISA MASTERCARD DISCOVER

Account #: _____ Exp. Date _____

Signature: _____