

# CONFERENCE REGISTRATION FORM

Registration is also available On-line at [www.macdds.org](http://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):
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> SB 40 Board Member   | <input type="checkbox"/> Professional Staff   | <input type="checkbox"/> Support Staff |
| <input type="checkbox"/> Parent/Family Member | <input type="checkbox"/> Person w/ Disability | <input type="checkbox"/> 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 14, 2010 |                        |                 | FRIDAY, OCTOBER 15, 2010 |                    |                         |
|----------------------------|------------------------|-----------------|--------------------------|--------------------|-------------------------|
| Session #                  | Session                | Time            | Session #                | Session            | Time                    |
|                            | Pre-Conference (1 - 3) | 9:00-10:45 a.m. |                          | Sessions (12 - 13) | 3:15-4:00 p.m.          |
|                            | Key Note (4)           | 12:00-1:00 p.m. |                          | Sessions (15 - 19) | 4:30-5:30 p.m.          |
|                            | Sessions (5 - 6)       | 1:30-2:30 p.m.  |                          | Sessions (20 - 24) | 8:30-9:30 a.m.          |
|                            | Sessions (7 - 9)       | 1:30-2:45 p.m.  |                          | Sessions (25 - 29) | 9:45-10:45 a.m.         |
|                            | Sessions (10, 11, 14)  | 3:00-4:00 p.m.  |                          | Brunch (30)        | 11:15 a.m. - 12:30 p.m. |

|  |                                |                                |
|--|--------------------------------|--------------------------------|
| REGISTRATION FEES: (Check only one box)                | ON OR BEFORE                   | AFTER                          |
| <b>If your registration is postmarked or faxed by:</b> | <b>9/17/10</b>                 | <b>9/17/10</b>                 |
| Conference Only  | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$155 |
| Pre-Conference and Conference                          | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$195 |
| Pre-Conference Only                                    | <input type="checkbox"/> \$50  | <input type="checkbox"/> \$90  |
| Brunch Only (non-conference participants)              | <input type="checkbox"/> \$24  |                                |

**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: \_\_\_\_\_

To register/pay online with your credit card, go to [www.macdds.org](http://www.macdds.org)