

2006 CONFERENCE REGISTRATION



UNIVERSITY OF MISSOURI
Extension
equal opportunity/ADA institution

MIDWEST RESEARCH-TO-PRACTICE CONFERENCE 2006

BY MAIL: Detach entire registration panel and mail to:
Mattie Lewis
University of Missouri–St. Louis
Continuing Education
203 J.C. Penney Conference Center
One University Boulevard
St. Louis, MO 63121-4400

BY FAX: Fax panel to (314) 516-6414. Charge card number or other payment information must be included.

BY PHONE: Call (314) 516-5655. MasterCard, Visa, or Discover number must be given to assure registration.

TDD: Call (314) 516-5961.

ONLINE:
www.umsl.edu/teachers/mwr2p06

Make checks payable to the University of Missouri–St. Louis.

REGISTRATION FEES

| | Postmarked by Sept. 12, 2006 | Postmarked after Sept. 12, 2006 |
|----------------------------------|---------------------------------|------------------------------------|
| Full Conference Registration | \$145 | \$165 |
| Grad Student Rate | \$80 | \$90 |
| Grad Student Pre-Conference only | \$30 | \$35 |

Pre-Conference ONLY Registration:

I will attend the Graduate Student Pre-conference only (\$30 by Sept. 12).

Conference Registration:

I will attend the entire conference (\$145 by Sept. 12).
 I will attend the Pre-conference (included).

I am a graduate student and will attend the entire conference (\$80 by Sept. 12).
 I will attend the Pre-conference (included).

Printed Version of Conference Proceedings:

I want printed copy(ies) of the Proceedings at **\$18 each**, which I will pick up at the conference. (I understand I will receive one CD-ROM Proceedings as part of my registration fee, and that all papers will be accessible online before the conference.)

Campus Parking Permit Request:

I plan to park my car on the UM–St. Louis campus for all or part of the conference and will need a campus parking permit (no charge).

I Will Attend the Following (included in full conference registration):

- Wednesday evening welcoming reception
[I will bring guest(s) at **\$5 each**.]
- Thursday lunch [I will bring guest(s) at **\$15 each**.]
- Thursday evening anniversary reception
[I will bring guest(s) at **\$15 each**.]
- Friday lunch [I will bring guest(s) at **\$15 each**.]

Box lunch choice(s):

Vegetarian Meat

Total enclosed or to be charged to credit card

Name _____

Address _____

City, State, ZIP _____

Phone: Day _____

Evening _____

SSN or CE Student # _____

(Social Security Numbers are used solely for identification purposes and are kept confidential. If you do not wish to provide your SSN, you will be assigned a student number by our registration system. Consistent use of this number or your SSN for future registrations will ease the registration process and is especially critical if you are pursuing a certificate or CEUs.)

E-mail Address _____

Organization Name _____

Position _____

Billing Address _____

City, State, ZIP _____

Fax _____

Fees are payable by cash, check, or charge.

TO CHARGE, FILL IN BELOW: MasterCard Visa Discover

Card # _____

Expiration Date _____

Amount Paid _____

Signature _____

CANCELLATION POLICY

The University reserves the right to cancel any program. In the event of cancellation, you will be notified immediately, and all program fees will be refunded or applied to a future program at your request. If you must cancel a registration, you are entitled to a full refund only if you cancel by Oct. 3, 2006. To cancel your conference registration, call (314) 516-5655 or send a message to mattieh@umsl.edu.