

# AMP for Superintendents

Program cost: \$300.00

Name \_\_\_\_\_

School District \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\*\*Email \_\_\_\_\_

County \_\_\_\_\_

\*\* Needed for communication.

Signature: \_\_\_\_\_

## **Method of Payment – Program cost: \$300.00**

Check enclosed (Payable to MASA)

Credit Card:

    Visa Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit code \_\_\_\_\_

    MasterCard No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit code \_\_\_\_\_

Send Invoice to school district - reference Purchase Order # \_\_\_\_\_

Please return this form to the MASA offices.

Missouri Association of School Administrators  
3550 Amazonas Drive  
Jefferson City, MO 65109  
Phone: 573-638-4825

Fax: 573-556-6270

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For Office Use Only

Mentor \_\_\_\_\_

Registration received \_\_\_\_\_

Invoice number/date \_\_\_\_\_

Payment received \_\_\_\_\_

Log received \_\_\_\_\_

Mentor payment sent \_\_\_\_\_