

# Registration Form

All registrants must be a member of MASA or MOSPRA to attend this conference.

Name \_\_\_\_\_

Position \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

MASA Member or  MOSPRA member or  Member of both

**Pre-Conference Session: Crisis Communications: Safe/Responsive Schools (\$40)** \_\_\_\_\_

**Regular Conference Registration (\$260)**  
Includes registration fee, Wednesday Awards Banquet, Thursday Continental Breakfast, Thursday Lunch Buffet, Thursday Evening Reception, Friday Breakfast Buffet. \_\_\_\_\_

**Emeritus Full Registration (\$160)**  
For retired members, includes registration fee, Wednesday Awards Banquet, Thursday Continental Breakfast, Thursday Lunch Buffet, Thursday Evening Reception, Friday Breakfast Buffet.  
*(Emeritus members attending only the awards banquet may purchase tickets below.)* \_\_\_\_\_

**Spouse Registration (\$160)**  
Includes registration fee, Wednesday Awards Banquet, Thursday Continental Breakfast, Thursday Lunch Buffet, Thursday Evening Reception, Friday Breakfast Buffet.  
*Spouse's Name* \_\_\_\_\_

**Awards Banquet Only (\$45)**  
This registration is for those individuals who will be attending the Awards Banquet only and not attending the conference. *(The Awards Banquet is included in the regular registration fee above.)* \_\_\_\_\_

Name \_\_\_\_\_

## Payment Information

**TOTAL DUE** \_\_\_\_\_

Check enclosed made payable to MASA  Purchase Order No. \_\_\_\_\_

I wish to pay with my  VISA Card  MasterCard

Amount to be charged to credit card: \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Month \_\_\_\_\_ Year \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Last three digits on back

Mail: MASA, 3550 Amazonas Drive, Jefferson City, MO 65109; Fax: 573-556-6270; Email: ann@mcsa.org

Cut and mail or fax