



Registration Form

University of Missouri - St. Louis

St. Louis, MO

June 14-16, 2017

Please print or type. Only one person per form. Form may be copied.

Full Name: _____

Preferred Name for Name Tag: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Email: _____

Office Use Only CEIS: 128211 Customer ID # _____ Receipt # _____

Registration Fees: (Full registration is for June 14-17; the fee includes meals, breaks, and registration packet)

- Early Bird Registration (if received by April 17, 2017)\$175.00 \$ _____
- Regular Registration (if received by June 4, 2017)\$200.00 \$ _____
- Student Rate (Full-time students, copy of ID required)\$110.00 \$ _____
- Extended Education Track ONLY (June 16-17, 2017)\$75.00 \$ _____
- Late Fee (applies starting June 5, 2017).....\$25.00 \$ _____

TOTAL AMOUNT ENCLOSED\$ _____

Please Check if Applicable:

- Yes, I plan to attend the main conference activities on Wednesday – Friday, June 14-16.
- Yes, I plan to attend the Extended Education Track on Friday and Saturday, June 16-17.
- Yes, I plan to attend the Wednesday night dinner (cost included in registration fee).
- Yes, I plan to attend the Friday lunch (cost included in registration fee).
- Yes, I would be willing to moderate a session during the conference.
- Yes, I want Continuing Education Units (CEUs) (included in registration fee & require attendance documentation during the conference)

What are 3-5 words describing your general areas of interest? This will be shared in the roster to facilitate networking. _____

What track(s) do you think you will most participate in?

- Change and Integration Civil Rights and Political Participation Education
- Entrepreneurship and Economic Development Health Youth Development

By registering I give my permission to distribute my name and contact information to conference attendees and vendors. If I prefer not to be included in these distributed lists, I will include a written notice with my registration for my contact information to be omitted.

If you have registration questions, please contact Wendy Barnes at the MU Conference Office (573) 882-8320 or muconf5@missouri.edu.

How to Register:

Mail: Cambio de Colores, MU Conference Office, 344 Hearnes Center, Columbia, MO 65211

Phone: (573) 882-4349 or toll-free 1 (866) 682-6663

Fax: (573) 882-1953

Register online: cambiodecolores2017.wordpress.com

NOTE: Credit card payments will NOT be accepted by email. Any credit card information included in emails will be deleted, and will not be processed. You may send credit card information by mail, fax or telephone.

Methods of Payment:

- Check enclosed (payable to the University of Missouri)
- Purchase Order (authorized PO must be attached) PO # _____
- ISE (For University of Missouri employees only) Dept. Name _____
MO Code _____ Account Value _____
- Credit Card: MasterCard Visa Discover American Express
Card Holder Name (please print) _____
Authorized Signature _____
Address if Different than above _____
Credit Card # _____ Exp. Date _____/_____/_____