

REGISTRATION FORM ▶▶

5th Annual MO Show Me Summit on Aging & Health
Sponsored by the MA4 in collaboration the Department of Health and Senior Services
October 27-29, 2008 ~ Holiday Inn Select Executive Center, Columbia, Missouri

REGISTRATION INSTRUCTIONS: ONE FORM PER PERSON
~NEW IN 2008 ~
ONLINE REGISTRATION AT WWW.SHOWMESUMMIT.COM

Attendee Information

First Name	Last Name	
Title		
Company/Organization		
Address: <input type="checkbox"/> Home <input type="checkbox"/> Business		
City	State	Zip
Phone #	Fax #	
Cell #	Email Address	
Responsible Party: <input type="checkbox"/> Self <input type="checkbox"/> Organization		

Conference Fees-Full Registration includes access to all events

	By 9/15	By 9/29	Onsite
<input type="checkbox"/> FULL	\$180	\$200	\$220
<input type="checkbox"/> Mon Only	\$70	\$85	\$105
<input type="checkbox"/> Tues Only	\$130	\$145	\$160
<input type="checkbox"/> Wed Only	\$70	\$85	\$105
<input type="checkbox"/> Banquet Only			\$45

Sub-Total Attendee \$ _____

Guest Meals Only - No access to education sessions

All Meals	Monday	Tuesday	Wednesday
<input type="checkbox"/> \$130	<input type="checkbox"/> \$40	<input type="checkbox"/> \$90	<input type="checkbox"/> \$25

Guest Name	Sub-Total Guest	\$ _____
<input type="checkbox"/> Certificate of Attendance	\$10 Fee	\$ _____
<input type="checkbox"/> CEU Certificate	\$75 Fee	\$ _____
Total Registration Fee		\$ _____

AIRS Testing - I have registered to take AIRS certification testing. *please see website for detailed explanation*

Payment Options

Pay by Check: Check Number _____
Make Checks Payable to "MA4" Mail completed form & check to
MA4, 730 West Main St., Jefferson City, MO 65101

Pay by Credit Card: Visa MC Other _____

Credit Card Number _____

Expiration Date: Month _____ /Year _____

Cardholder Information (if different from attendee info)

First Name Last Name

Address: Home Business

City State Zip

Phone #

If your business requires an invoice, call 573-893-6834

New Online Registration
at
www.showmesummit.com

Hotel Reservations

Hotel Reservations can be made at the special rate of \$79.95 if made by **September 26, 2008**. Call **1-800-HOLIDAY**, Refer to Show Me Summit on Aging & Health. Overflow lodging is secured at adjacent hotels.

Policies

Cancellations must be postmarked, emailed, or faxed by October 15, 2008 and will be charged a \$50 administration fee. No refunds will be made after October 15, 2008

I understand that my photo may be taken at the conference and used for future promotions.

Questions?

Call: 573-893-6834

Fax: 573-893-6842

Email: dawn@showmesummit.com

www.showmesummit.com