

BACK TO THE 70s: WE WILL SURVIVE

REGISTRATION FORM

Tan-Tar-A Resort | Lake of the Ozarks | September 20 - 22, 2010

COMPANY INFORMATION

Company name _____

Address _____

City, State & Zip code _____

Phone _____

Fax _____

E-mail _____

Web address _____

REGISTRATION FEES

DETAILS	MEMBER PRICE	NON-MEMBER PRICE
Full Conference One person	\$209 per person	\$250 per person
Full Conference Two or more, same company	\$199 per person	\$240 per person
One Day Rate	\$150 per person	\$175 per person
Leadership Breakfast	\$35 per person	\$50 per person

HOTEL INFORMATION

Call Tan-Tar-A Resort at 573-348-3131 and ask for the Missouri Council for In-Home Services block for a special rate.

PROVIDER RECOGNITION

Agencies registering six or more people will receive special recognition at events throughout the conference.

ATTENDEES

NAME	E-MAIL	TITLE	PRICE TOTALS
_____	_____	_____	<input type="checkbox"/> FULL CONFERENCE <input type="checkbox"/> ONE DAY <input type="checkbox"/> LEADERSHIP LUNCH \$ _____ TOTAL
_____	_____	_____	<input type="checkbox"/> FULL CONFERENCE <input type="checkbox"/> ONE DAY <input type="checkbox"/> LEADERSHIP LUNCH \$ _____ TOTAL
_____	_____	_____	<input type="checkbox"/> FULL CONFERENCE <input type="checkbox"/> ONE DAY <input type="checkbox"/> LEADERSHIP LUNCH \$ _____ TOTAL
_____	_____	_____	<input type="checkbox"/> FULL CONFERENCE <input type="checkbox"/> ONE DAY <input type="checkbox"/> LEADERSHIP LUNCH \$ _____ TOTAL

DETAILS

Full Conference registration includes admission to all workshops, events and scheduled meals except the leadership breakfast.

■ Participants are required to wear nametags for admission to events.

■ Cancellations received by August 31, 2010 are eligible for a 90% refund. After August 31, 2010 a 50% refund will be given. There will be no refunds after September 19, 2010. All no shows will be billed full price.

■ If you are disabled and require special assistance, please contact the MCHS office no later than September 1, 2010.

■ Tan-Tar-A Resort is located on State Road KK, Osage Beach, Missouri.

PAYMENT OPTIONS

Check enclosed:

Check number _____ Amount _____

\$ _____

Make checks payable to MCHS. Mail to P.O. Box 1803, Jefferson City, MO, 65102

Please charge to my:

Master Card Visa Discover
Card number _____

Expiration date _____ Amount _____

\$ _____

Name as it appears on card _____

Signature _____

SEND OR FAX COMPLETED FORM AND PAYMENT TO:

Missouri Council for In-Home Services

P.O. Box 1803 | Jefferson City, MO 65102 | T: 573.634.5272 | F: 573.635.2858 | www.mohomecare.org