

Northeast Aspiring Principals Workshop Registration Form

Registrant's Name _____

School District _____

School Address _____

City _____ Zip _____

Phone _____ Fax _____

Email _____

(Confirmation will be sent via email)

METHOD OF PAYMENT:

Make checks payable and remit to: MoASSP

Mail to: 2409 West Ash ST,
Columbia, MO 65203-0045

Fax: 573-445-6416

Check No. _____

Purchase Order No. _____

REGISTRATION FEE: \$75.00 per person

2/8/18

Northeast

(9:00 AM – 2:30 PM)

MSHSAA Building

1 N. Keene St.

Columbia, MO 65201

For more information call: 573-445-5071