

MoASSP Spring Conference

March 25-27, 2018
Lodge of Four Seasons

Mail your registration to:

MoASSP
2409 West Ash ST
Columbia, MO 65203-0045

REGISTRATION FORM

Name

Position

School

District

Address

City

Zip

Tel

Fax

Email

Do you plan to retire at the end of the
2017-18 school year? _____

Fax registration: 573/445-6416

For more information contact
Doug Mirts, Director of Programming
dmirts@moassp.org
Tel: 573-445-5071
www.moassp.org

Method of Payment:

Member \$278 _____

Non-Member \$433 _____

Member Walk-in \$378 _____

Non-Member Walk-in \$529 _____

Extra guest tickets:

Monday breakfast \$30.00 _____

Monday luncheon \$35.00 _____

Tuesday breakfast \$30.00 _____

TOTAL: _____

_____ Check

_____ Purchase Order # _____

Credit Card

_____ MasterCard _____ VISA

Name on Card _____

Exp Date _____

**Refund Policy: Full refunds are available if
cancellation notice is received prior to March 20, 2017
by 4:00 pm. After that date there will be a \$95 meal
charge for cancellations. No shows will be charged the
entire fee.**