



Registration Form

Alianzas Cultural Academy
March 3-5, 2010

Name \_\_\_\_\_

Organization \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Fees:

Registration Fee ..... \$450 \$ \_\_\_\_\_

Total Amount Enclosed ..... \$ \_\_\_\_\_

By registering you give your permission to distribute your name and contact information to conference attendees and vendors. If you prefer not to be included in these distributed lists, you need to include a written request with your registration form for your contact information to be omitted.

Method of Payment:

Payment Enclosed (Payable to University of Missouri)

Credit Card: MasterCard Visa Discover

Onsite Receipt # \_\_\_\_\_

Card# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Address if different from above \_\_\_\_\_

For office use only CEIS #114816 Customer ID # \_\_\_\_\_ Receipt # \_\_\_\_\_