



Registration Form

April 2-4, 2007

Name: _____

Organization: _____ Org. Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

Fees:

Pre-Conference Fees

- Track 1- Getting Students' Attention: Visual Storytelling 101 \$ 50 \$ _____
- Track 2- Extending the Classroom: Breaking Through Classroom Walls 201 \$ 50 \$ _____

Registration Fee \$135 \$ _____

Total \$ _____

If you have any disability that requires special materials or services, contact Lorie Bousquet at (573) 882-6059.

Please list any special dietary requirements: _____

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

Payment Options:

Make checks payable to: University of Missouri

ISE: (*University Employees Only*)

Dept. Charged _____ Dept. Address _____

MoCode _____ Account Value _____

Credit Card: MasterCard Visa Discover Exp. Date: ____/____

Card Number _____

Name on Card _____

Signature _____

Address if different from registrant _____

4 Ways to Register:

- Mail to: Digital Campus Institute, MU Conference Office, 348 Hearnes Center, Columbia, MO 65211
- Fax to: (573) 882-1953
- Phone to: (573) 882-4349
- Register On-line at: <http://muconf.missouri.edu/dci>

Refunds:

To receive a refund, please submit your request in writing to the MU Conference Office. Written requests must be received in our office by **March 19, 2007**. After March 19th, no refunds will be granted, however, substitutions will be welcome.

Office Use Only	CEIS # 52476	Customer ID _____	Receipt # _____
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