



Registration Form

Name: _____ Title _____

Organization: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

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

E-mail Address: _____

Social Security Number for CME: _____

Registration Fee: \$100 Total \$ _____

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: Achieving Health Equity, MU Conference Office, 348 Hearnes Center, Columbia, MO 65211

Fax to: (573) 882-1953

Phone to: (573) 882-8320

Register On-line at: http://muconf.missouri.edu/health_equity

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 **April 9, 2007**. After April 9th, no refunds will be granted, however, substitutions will be welcome.

Office Use Only CEIS # 52373

Customer ID _____ Receipt # _____