



Missouri Association of Publications

6th Annual Publishing Summit

April 8-9, 2010 • Stoney Creek Inn • Columbia, Missouri

One name per form, please. Make a copy for each additional registrant.

Full Name: _____ Organization/School: _____
 Preferred Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone: (____) _____ Cell: (____) _____
 Email: _____ Fax: (____) _____

REGISTRATION SELECTION, PER PERSON RATES	On or before 3/13	3/14 - 4/1	Total Fee
Pre-Conference Seminar (Thursday morning)			
Member	\$40	\$40	\$
Non-Member	\$55	\$55	\$
Publishing Summit (Thursday afternoon - Friday afternoon)			
Member	\$159	\$209	\$
Member, Group <i>(requires a minimum of 3 company/organization representatives)</i>	\$144	\$194	\$
Non-Member	\$234	\$284	\$
Non-Members, Group <i>(requires a minimum of 3 company/organization representatives)</i>	\$215	\$265	\$
Thursday Only (Pre-Conference, Opening Session, Reception, Banquet)			
Member	\$139	\$189	\$
Member, Group <i>(requires a minimum of 3 company/organization representatives)</i>	\$124	\$194	\$
Non-Member	\$199	\$264	\$
Non-Members, Group <i>(requires a minimum of 3 company/organization representatives)</i>	\$184	\$249	\$
Ranly Awards Banquet Only* (Thursday)			
Member	\$60	\$60	\$
Non-Member	\$75	\$75	\$
<small>* Includes reception; must be 21 or over to drink alcoholic beverages.</small>			
Journalism Faculty and Students			
Ranly Awards Banquet with Keynote*	\$60	\$60	\$
Annual Meeting Luncheon with Keynote	\$25	\$25	\$
<small>* Includes reception; must be 21 or over to drink alcoholic beverages.</small>			
Total Amount Due for This Registrant			\$

Dinner Selection:

Please select your entree for the Ranly Awards Banquet
 Beef Filet or Salmon

Special Needs:

Please indicate any dietary restrictions: _____

Please indicate any need for special assistance: _____

Refund Policy: If you cancel more than 30 days prior to the conference, in writing, you will receive a full refund minus a \$50 processing fee. No refunds will be given after March 9, 2010.

Payment:

- Check** enclosed *(payable to the University of Missouri)*
- ISE** *(For University of Missouri employees only)*
 Dept. Name _____
 MO Code _____ Account Value _____
- Credit Card:** MasterCard Visa Discover
 Exp. Date ___/___/___ Credit Card # _____
 Card Holder Name (please print) _____
 Authorized Signature _____
 Address if different than above _____

How to Register:

Mail: MU Conference Office, 348 Hearnes Center,
 Columbia, MO 65211
Phone: (573) 882-4349 or toll-free 1 (866) 682-6663
Fax: (573) 882-1953

Office Use Only CEIS: 114457
Customer ID # _____ Receipt # _____