

Registration Form

2017 MU Master Gardeners State Conference

June 15-16, 2017

First Name _____ Last Name _____
Local Chapter _____
Address _____
City _____ State _____ Zip _____
Daytime Phone (____) _____ E-Mail _____

Office Use Only CEIS #128985	Customer ID# _____	Receipt # _____
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Registration Fees: Complete one form per person

<input type="checkbox"/> Full Conference Registration.....	\$95.00	\$ _____
<input type="checkbox"/> One Day Registration- Thursday Only	\$50.00	\$ _____
<input type="checkbox"/> One Day Registration- Friday Only	\$50.00	\$ _____
<input type="checkbox"/> Late Registration- for registrations postmarked or received via fax after May 31, 2017.....	\$15.00	\$ _____
Total for Registration		\$ _____

Workshop & Track Choices:

Limited Workshop Registration

Mushroom Growing Workshop- Part 1 & 2

Friday, June 16- 9:00 am – 12:00 pm

(This workshop is limited in attendance to the first 25 people, please indicate if you plan to attend this workshop. Placement will be made based on date/time of receipt)

Yes No

For planning purposes only, please indicate the track you plan to attend the majority of the time:

- Fruits and Vegetables Track
 Trendy Track
 Ornamentals and Turf Track
 Coordinators Track

How to Register:

Mail complete forms and payment to: Master Gardeners State Conference, MU Conference Office, 344 Hearnes Center, Columbia, MO 65211 (Payment **must** accompany form)

Phone by calling (573) 882- 4349 or toll-free at 1(866) 682-6663 with credit card information

Fax completed forms with credit card information to: 573/882-1953

On-line: <http://mg.missouri.edu/conference> (credit card only)

Individuals needing accommodations under ADA should contact the Event Coordinator at muconf9@missouri.edu or 573-882-4349 at least two weeks prior to arrival. (Relay Missouri: 1-800-735-2966, TTY Users; or 1-800-735-2466 voice users)

Method of Payment:

- Payment Enclosed (Make payable to University of Missouri)
 Credit Card: Mastercard Visa Discover AMEX

Card Holder (print) _____

Authorized Signature _____

Address if Different from above _____

Card Number _____ Exp. Date _____ / _____

Registration forms with credit card information cannot be received via email. Please send via mail or fax to 573-882-1953.