

2012 Registration Form

Midwest Symposium on Therapeutic Recreation and Adapted Physical Activity

(One name per form – form may be copied if needed. Please print or type.)

Name _____ Birth Date or Last four digits SSN _____
Home Address _____
City _____ State _____ Zip _____
Daytime Phone No. (____) _____ E-mail Address _____

Registration Fees: (Please check the appropriate fee)

- Member Fee (Member of TR Association): NTRS ATRA or State TR.....\$200 \$ _____
 Member Fee - Other Health Related Professional Assoc.\$200 \$ _____
List for Approval
 Non-Member Fee.....\$215 \$ _____
 Student Fee (Currently enrolled undergraduates only – must enclose a photocopy of valid student ID with this form)\$170 \$ _____
 Monday Only Fee.....\$145 \$ _____
 Tuesday Only Fee.....\$145 \$ _____
 Wednesday Only Fee.....\$145 \$ _____
 Student Room Host (prior approval required, please send in registration form, with a copy of a valid current student ID and/or letter from your advisor)\$ 75 \$ _____
 Late Fee (Registrations postmarked after **April 2, 2012**).....\$ 25 \$ _____
Total Amount Due\$ _____

If you are a speaker will you be attending the complimentary speaker luncheon? Yes No

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 for my contact information to be omitted.

If you have any disability that requires special materials or services, please contact the MU Conference Office at 573-882-4038; fax: 573-882-1953; or email muconf1@missouri.edu.

Method of Payment:

- Payment Enclosed (Check payable to University of Missouri)
 Bill my organization (Attached is my PO # _____) Purchase Order **MUST** accompany registration.
 ISE Enclosed (For University of Missouri Personnel Only)
Dept. Charged _____ Dept. Address _____
MO Code: _____ Account #: _____
 Credit Card: Master Card Visa Discover
Exp. Date: ____/____/____ Card Number: _____ CSV (3-digit # on back of card) _____
Name of Cardholder (printed) _____
Authorized Signature _____
Address if different than registrant _____

Four Ways to Register:

1. Mail in completed form and fee, purchase order, or credit card information to: Midwest Symposium on TR and Adapted Physical Activity, MU Conference Office, 344 Hearnes Center, Columbia, MO 65211
2. Register by phone with a credit card at 573-882-4038 or 1-866-682-6663.
3. Fax completed form with Purchase Order, ISE and/or credit card information to (573) 882-1953.
4. Register on-line at http://muconf.missouri.edu/midwest_symposium with credit card or purchase order.