



Registration Form

May 11-13, 2009
Holiday Inn Select
Columbia, Missouri

Name _____

Organization _____ Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

Email Address _____

Pre-Conference (12:00-5:00 p.m. – Monday): Choose One.....\$25 \$ _____

- Accident Reconstruction
- Traffic Impact Studies
- CMITE Sponsored Tour of Columbia

Conference (Tuesday & Wednesday)

Traffic and Safety Conference \$50 \$ _____

Total\$ _____

Payment Method

Please indicate payment method.

- Check Enclosed (*payable to University of Missouri*)
- Invoice Company (*attach copy of Purchase Order*)
- Credit Card: Mastercard Visa Discover

Card Number: _____ Expiration Date: _____

Print Name _____ Authorized Signature: _____

Address if different than registrant _____

Four Ways to Register

Mail your completed registration form to the following address:

Traffic & Safety Conference
MU Conference Office
348 Hearn Center
Columbia MO 65211

Phone (credit card only): (573) 882-8320

Fax your registration to this number: (573) 882-1953

On-Line (credit card only): <http://muconf.missouri.edu/traffic>

Office Use Only	CEIS #110588	Customer ID _____	Receipt# _____
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