



September 27-29, 2017 | Holiday Inn Executive Center | Columbia, MO

Registration Form

Name _____

Organization _____

Address _____

City/State/Zip _____

Office Phone (_____) _____ Email Address _____

Conference:

- Registration Fee (by August 31, 2017)\$125 \$ _____
- Registration Fee (after August 31, 2017)\$150 \$ _____

The following meals are Provided: Thurs. Breakfast, Thurs. Lunch and Fri. Breakfast

Special Dietary or Arrangements: _____

Cancellation Policy:

Cancellations received in writing to muconf4@missouri.edu will receive a full refund until September 7, 2017. After September 7, 2017, a \$50 processing fee will be withheld and there will be no refunds after September 14, 2017. Substitutions are welcome.

Office Use Only	CEIS #129134	Customer ID _____	Receipt# _____
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Four Ways to Register

Mail your completed registration form and payment to the following address:

Traffic and Highway Safety Blueprint Conference, MU Conference Office, 344 Hearnese Center,
Columbia, MO 65211

Phone: (573) 882-8320

Fax: (573) 882-1953

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

Payment Method:

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

Authorized Signature _____

Name on Card _____

Address if different than above _____

Card Number _____ Expiration Date ____/____