

MO Juvenile Justice Association

2017 FALL EDUCATIONAL CONFERENCE



STRONGER TOGETHER, GROWING TOGETHER

STATE AGENCY REGISTRATION FORM

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

Phone: _____ **Email:** _____

You are allotted **ONE** table for your exhibit.
Please complete #1 (required) and, if applicable, Option #2 and #3 accordingly

#1(required): EXHIBIT FEE

Enclose your fee of **\$100.00**. Payment of this fee covers your opportunity to exhibit, and entitles **ONE** representative from your organization to attend the conference workshops, meals, breaks and activities as noted on conference agenda.

The Name of this Exhibit Representative is: _____

Title: _____ **Phone:** _____ **Email:** _____

Dietary/Medical Restrictions: *Vegetarian* *No Pork* *Gluten-Free* *Allergy - Specify -* _____

#2(optional): Additional Exhibit Representatives

Enclose your fee of **\$100.00**. Payment of this fee covers your opportunity to exhibit, and entitles **ONE** representative from your organization to attend the conference workshops, meals, breaks and activities as noted on conference agenda.

The Name of this Exhibit Representative is: _____

Title: _____ **Phone:** _____ **Email:** _____

Dietary/Medical Restrictions: *Vegetarian* *No Pork* *Gluten-Free* *Allergy - Specify -* _____

DEADLINE ~ MUST BE POSTMARKED BY: Monday, October 2, 2017