

To promote justice for children, youth and families

Corporate Sponsor

CONFERENCE REGISTRATION FORM

Please print or type to ensure accuracy. Thank You!! Contact Person: _______Title: _____ City: _____ State: _____ Zip: ____ Phone #: Email Address: _____ Your Corporate Sponsorship entitles TWO representatives from your organization to attend the conference workshops, meals, breaks and activities as noted on conference agenda. Exhibit Representatives: #1 Name: ______ Title: _____ Phone: _____ Email Address: _____ Dietary/Medical Restrictions: Gluten-Free Allergy - Specify - _____ Vegetarian No Pork #2 Name: ______ Title: _____ Email Address: Phone: Dietary/Medical Restrictions: Vegetarian No Pork Gluten-Free Allergy - Specify -(Optional) Additional Exhibit Representatives: *Enclose \$100 for each additional representative. Fee covers participation in meals, breaks and activities. Name(s): ____Email Address: _____ Phone: Dietary/Medical Restrictions: No Pork Gluten-Free Allergy - Specify -Vegetarian To register by mail, print this form, enclose applicable fee(s) and mail to: MJJA - Spring Conference 2018

-DEADLINE Must be postmarked/received by:

Wednesday, May 2, 2018

Email: mjja@mjja.org

P. O. Box 1332

Jefferson City 1 M0 65102-1332 Fax: 573-616-2771

Must be postmarked/received by: Wednesday, May 2, 2018