

2019 MJJA FALL CONFERENCE REGISTRATION FORM

Corporate Sponsor

Please print or type to ensure accuracy.

Company Name: _____

Contact Person: _____ Title: _____

Address: _____

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:

____ Vegetarian ____ No Pork ____ Gluten-Free ____ Allergy - Specify - _____

#2 Name: _____ Title: _____

Phone: _____ Email Address: _____

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): _____

Phone: _____ Email Address: _____

Dietary/Medical Restrictions:

____ Vegetarian ____ No Pork ____ Gluten-Free ____ Allergy - Specify - _____

To register by mail, print this form, enclose applicable fee(s) and mail to:

MJJA – Fall Conference 2019

P. O. Box 1332

Jefferson City, MO 65102-1332

Questions? Please call 573.616.1058, or email vonda@mjja.org

DEADLINE ~ MUST BE POSTMARKED BY: Monday, September 30, 2019

No Refunds After October 6, 2019

MISSOURI JUVENILE JUSTICE ASSOCIATION

Promoting Justice for Children, Youth and Families