

# 2019 MJJA FALL CONFERENCE REGISTRATION FORM

## Private Exhibitor

### Page 1 of 2

Please print or type to ensure accuracy.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**\*Exhibit Fee: \$400.00\*** 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 the agenda.

#1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dietary/Medical Restrictions:

\_\_\_\_\_ Vegetarian \_\_\_\_\_ No Pork \_\_\_\_\_ Gluten-Free \_\_\_\_\_ Allergy - Specify - \_\_\_\_\_

**\*Additional Representatives: \$100.00 each\*** Payment of this fee covers meals, breaks and activities.

#2 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dietary/Medical Restrictions:

\_\_\_\_\_ Vegetarian \_\_\_\_\_ No Pork \_\_\_\_\_ Gluten-Free \_\_\_\_\_ Allergy - Specify - \_\_\_\_\_

#3 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dietary/Medical Restrictions:

\_\_\_\_\_ Vegetarian \_\_\_\_\_ No Pork \_\_\_\_\_ Gluten-Free \_\_\_\_\_ Allergy - Specify - \_\_\_\_\_

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**Please list names of additional representatives attending conference workshops:**

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Enclose \$225 (for MJJA member) and/or \$295 (for non-MJJA member) for each additional exhibitor representative who wishes to attend the conference workshops. Payment covers approval to attend workshops, meals, breaks and activities as noted on the conference agenda.

**Dietary/Medical Restrictions:**

\_\_\_\_\_ **Vegetarian** \_\_\_\_\_ **No Pork** \_\_\_\_\_ **Gluten-Free** \_\_\_\_\_ **Allergy - Specify -** \_\_\_\_\_

**Payment Options:**

\_\_\_\_\_ **Option #1 - Exhibitor Fee - \$400.00**

\_\_\_\_\_ **Option #2 - Additional Exhibitor - \$100.00**

**Additional representatives attending conference workshops:**

\_\_\_\_\_ **MJJA Member - \$225.00**

\_\_\_\_\_ **Non-member - \$295.00**

\_\_\_\_\_ **Pay by Check: (check #:)** \_\_\_\_\_

\_\_\_\_\_ **Pay online @mjja.org by PayPal (Ref. #:)** \_\_\_\_\_

\_\_\_\_\_ **Invoice - Request an invoice for billing purposes**

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](mailto:vonda@mjja.org)

**DEADLINE ~ MUST BE POSTMARKED**

**BY: Monday, September 30, 2019**

**MISSOURI JUVENILE JUSTICE ASSOCIATION**

Promoting Justice for Children, Youth and Families