

2024 MJJA SPRING 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 \$125 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 – Spring Conference 2024

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 May 1, 2024

No Refunds After May 1, 2024

