

2024 MJJA SPRING EDUCATIONAL CONFERENCE REGISTRATION FORM

Please print or type to ensure accuracy.

A separate form should be completed for each person attending. Thank You!!

Name: _____ Title: _____

Agency/Circuit: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Dietary/Medical Restrictions:

_____ Vegetarian _____ No Pork _____ Gluten-Free

_____ Allergy - Specify - _____

Conference Rates:

_____ MJJA Members ~ \$ 250.00 _____ Non-Members ~ \$320.00

OR

_____ Daily Rate \$150.00/per day (Includes meals/breaks)

_____ Wed. _____ Thur. _____ Fri.

_____ Guest Fee ~ \$125.00 (Includes meals/breaks only)

Payment Options:

_____ Pay by Check (Check #: _____)

_____ Pay on-line @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 – 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

