2024 MJJA FALL EDUCATIONAL CONFERENCE REGISTRATION FORM

Please print or type to ensure accuracy.

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

1	Name:	Title:	
	Agency/Circuit:		
	Business Address:		
	City:	State: Zip:	
Phone #	:	Email Address:	
		Dietary/Medical Restrictions:	
		VegetarianNo PorkGluten-Free	
	Allergy - Specify -		
		Conference Rates:	
		MJJA Members ~ \$ 250.00Non-Members ~ \$320.00	
		OR	
	_Daily Rate \$150.00/ ₁	ver day (Includes meals/breaks)WedThurFri.	
		Guest Fee ~ \$125.00 (Includes meals/breaks only)	
		Payment Options:	
		Pay by Check (Check #:)	
	Pay on-lin	e @mjja.org by PayPal (Ref. #:	_)
		Invoice - Request an Invoice for Billing Purposes	
		CEU Requests:	
	_	CEU Credits Requested. (\$10 Fee and CEU Application)	
	To regis	ster by mail, print this form, enclose applicable fee(s) and mail to:	
		MJJA - Fall Conference 2024	
		P. O. Box 1332	

Jefferson City, MO 65102-1332

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

DEADLINE ~ MUST BE POSTMARKED BY October 4, 2024

No Refunds After October 11, 2024

