

2025 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 2025

P. O. Box 1332

Jefferson City, MO 65102-1332

Questions? Please call 573.616.1058, or email [marcia@mjja.org](mailto:marcia@mjja.org)

