

# Registration Form

## Missouri Coordinated School Health Conference • December 1-3, 2011

Please **ENTER THE NUMBER OF THE SESSION** you want to attend **FOR EACH TIME FRAME**. This information is helpful in making room assignments and avoiding crowding in the sessions. Thank you for your cooperation. ***(NO PURCHASE ORDERS ACCEPTED)***

### Thursday, December 1, 2011

Pre-conference Sessions

8:45-12:00 p.m. (Sessions 1-2A) \_\_\_\_\_

1:00-5:00 p.m. (Sessions 2B-5) \_\_\_\_\_

### Friday, December 2, 2011

10:15-11:30 a.m. (Sessions 6-12) \_\_\_\_\_

2:00-3:15 p.m. (Sessions 13-19) \_\_\_\_\_

3:30-4:45 p.m. (Sessions 20-26) \_\_\_\_\_

### Saturday, December 3, 2011

8:30-11:20 a.m. (Alliance For a Healthier Generation) yes \_\_\_\_\_ or no \_\_\_\_\_ (Please indicate if attending)

I require a:  vegetarian meal  special meal (please describe) \_\_\_\_\_

I require special arrangements for facilities (please describe) \_\_\_\_\_

### Fees:

Pre-conference-December 1st - First Session .....\$ 50.00 \$ \_\_\_\_\_

Pre-conference-December 1st - Second Session .....\$ 25.00 \$ \_\_\_\_\_

Conference-December 2nd-3rd:

Early Bird (**before Saturday, November 5th**) .....\$120.00 \$ \_\_\_\_\_

Regular (**on or after Saturday, November 5th**) .....\$140.00 \$ \_\_\_\_\_

Full Time Student (12 hours with proof of registration) .....\$ 50.00 \$ \_\_\_\_\_

Total Enclosed ..... \$ \_\_\_\_\_ ***(NO PURCHASE ORDERS ACCEPTED!)***

**CONTACT INFORMATION:** There have been requests for contact information of conference attendees. We will be providing a roster of participants to all conference attendees, which include: Name, Organization, Address and Phone Numbers. Please indicate whether you would like your contact information included in the attendee roster. (Only those marked **NO** will be excluded. If this section is **UNMARKED**, that person's information **WILL** be included.)  Yes  No

**PLEASE PRINT LEGIBLY OR TYPE - USE ONLY 1 FORM PER REGISTRANT** (This form may be copied.)

**Please indicate your PRIMARY job responsibility — mark ONE ONLY:**

School Nurse  Health Educator  P. E. Teacher  School Counselor

Administrator  Health Department Employee  Food Nutrition Personnel  Social Worker

Other  \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Organization Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Daytime FAX Number \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number to notify you, if conference is cancelled \_\_\_\_\_

Check enclosed. Make check payable to: Missouri Coordinated School Health Coalition (MCSHC). Mail completed registration form and check to: MCSHC, c/o Steiner and Associates, 501 S. Cedar Lake Drive, Columbia, MO 65203.

Credit Card Payment: Please charge my:  Visa  MasterCard  Discover  American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Verification Number (3 or 4 digits) \_\_\_\_\_

You may register by calling 573-442-2963 or 573-489-0622(cell) or FAX to 573-875-8158 and charging the fee to your Visa, MasterCard, Discover, American Express. ***NO PURCHASE ORDERS WILL BE ACCEPTED!***