



INDIVIDUAL REGISTRATION FORM  
 95<sup>th</sup> ANNUAL MISSOURI PTA CONVENTION  
 October 15 – 17, 2010  
 Columbia, MO  
 Stoney Creek Inn & Conference Center

Space for office use

**PLEASE PRINT OR TYPE. COPY FORM FOR EACH PERSON REGISTERING**

**REGISTRATION INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone number: (    ) \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 PTA Unit: \_\_\_\_\_  
 Council: \_\_\_\_\_  
 Region: \_\_\_\_\_

*In case of emergency, please contact:* \_\_\_\_\_  
 Emergency Daytime Phone: (    ) \_\_\_\_\_  
 Emergency Evening Phone: (    ) \_\_\_\_\_

*Please indicate if there is a need for **special meals or services**:* \_\_\_\_\_

**REGISTRATION FEES/PAYMENT INFORMATION**

**ALL-INCLUSIVE CONVENTION PRICING**  
 (Registration Plus All Convention Meals)  
*Must be postmarked on or before 9/24/10*  
 Adult - \$180.00.....\$ \_\_\_\_\_  
 Student\* - \$90.00.....\$ \_\_\_\_\_  
 \*Student delegates should be in grades 6-12

**LATE REGISTRATION FEE**  
 If postmarked between 9/24 and 10/4,  
 add \$20.00 late fee .....\$ \_\_\_\_\_  
***NO ONSITE REGISTRATIONS ACCEPTED!***  
**TOTAL.....\$ \_\_\_\_\_**

**Refund Policy**  
 No refunds will be given after October 10. In case of emergency, substitutions may be made BEFORE registration has been completed at the convention.

**I plan to attend:**  
 Friday Evening All Conference Workshops  
 Saturday Morning First-Timers Breakfast  
 Saturday Lunch  
 Saturday Evening Awards Dinner & Keynote  
 Saturday Night Event  
 Sunday Lunch

**COMPLETE CONVENTION PACKAGE INCLUDES:**  
 All Workshops, General Meetings, Exhibit Hall, Keynote Address, Networking, Saturday Lunch & Dinner, Saturday Night Event and Sunday Lunch

**MEMBERSHIP INFORMATION**

Number of years PTA Membership: \_\_\_\_\_  
 MO Life Member or Distinguished Service Honoree

Missouri PTA Conventions attended:  
 1st time attendee OR \_\_\_\_\_ number of conventions

Student -- Grade Level: \_\_\_\_\_

Teacher     School Administrator

**DELEGATE STATUS (please check one)**

\_\_\_\_\_ Voting                      \_\_\_\_\_ Non-Voting  
 \_\_\_\_\_ Student Voting            \_\_\_\_\_ Student Non-Voting

PTA Membership card **MUST** be presented to complete registration when you arrive at convention.

Please fill out one form per registrant. Send completed form, payment and Unit/Council Cover sheet to:  
**Missouri PTA**  
**2101 Burlington Street**  
**Columbia, MO 65202**

**WORKSHOP SELECTION**

Please list a first and second choice workshop

Session	1st Choice	2nd Choice	Session	1st Choice	2nd Choice
1 Friday	_____	_____	4 Sunday	_____	_____
2 Saturday	_____	_____	5 Sunday	_____	_____
3 Saturday	_____	_____			