

Region 7 CAP Training Conference Registration Form July 20, 21, 2010 Hilton @ KCI

Agency Name: _____

Contact Person: _____

Phone: _____ E-mail Address: _____

Registrant	Job Title
1.	
Email:	
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Early Bird Registration (by 6/18/10) _____ X \$150.00 = _____

Registration (postmarked after 6/18/10) _____ X \$200.00 = _____

Total Amount Due: \$ _____

- Make payment payable to MVCAA/Region 7 CAP Conference and send registration form and check to:
Pam La Frenz, Conference Chair, 1415 S. Odell, Marshall MO 65340. If any question call 660-886-7476 x821.
- Cancellation refunds for the conference, minus a \$50 per person administrative fee, will be granted upon written request to Pam and received by July 2, 2010. After July 2, 20210, NO REFUNDS will be granted.
Substitutions are encouraged.

If you need an accommodation due to a disability under the Americans with Disabilities Act or if you have special dietary needs, please contact our office at (660) 886-7476 x821.