
REGISTRATION APPLICATION

CCR Prep Class – October 2, 9 and 16, 2008
Jackson County Courthouse @ Independence, Missouri

(Please type or **print legibly**)

Name: _____

Home Telephone: (____)_____ Business Telephone: (____)_____

Home Mailing Address: _____

Please circle one: Machine Writer Voice Writer

Please list your email address: _____

[Make check payable to **MCRA**. For credit card payment, please fill out the form below and attach to the application.]

Send application and payment to:

Ms. Gail Conaway
MCRA Region II Vice President
13808 NE 187th Street
Holt, Missouri 64048

Confirmation of your attendance will be e-mailed unless other arrangements have been made.

MCRA Functions

Credit Card Payment:

Type of Card: MasterCard Visa

Name on Card: _____

Billing Address: _____

Account Number: _____

Expiration Date: _____

Security Code: _____ (three-digit code on back of card)

Authorized Signature