

MCRA 2008 ANNUAL MEETING & CONVENTION REGISTRATION FORM

REGISTRATION INFORMATION

Please print or write legibly.

Name: _____

Name to be printed on name badge (if nickname is preferred): _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ E-mail: _____

Company: _____

Address: _____ City: _____ State _____ Zip _____

Work Phone: _____ Ext. _____

Preferred address for mail? Home Office

FEES – TWO DAYS (Best Value)

- Reporter **Member** \$190
- Reporter Non-member \$250
- Associate Member \$175
- Retiree/Honorary:(Cost of Meals)

SATURDAY ONLY

- Reporter **Member** \$150
- Reporter Non-member \$175
- Associate Member \$135

SUNDAY ONLY

- Reporter **Member** \$100
- Reporter Non-member \$125
- Associate Member \$ 85

GUESTS

As space permits, guests are welcome to join you for meals. Please note, these are MCRA's approximate **costs**...if you plan to attend a meal, let us know. If you'd rather go shopping, let us know, so we don't order your meal!

- _____ # Guest(s): Saturday Auction/Cocktail Party \$15
- _____ # Guest(s): Saturday breakfast \$15
- _____ # Guest(s): Sunday breakfast \$15
- _____ # Guest(s): Business Luncheon \$30
- Total enclosed for Guest Meals \$ _____

Please include guest names (as it should be printed on name badge) with registration.

- Guest 1 _____
- Guest 2 _____
- Guest 3 _____

YOUR CONVENTION PLANNER: (Please check *all* that apply)

FRIDAY

- Welcome Aboard Celebration

SATURDAY

- Continental Breakfast
- SELF-DEFENSE (8:30 – 10:00 a.m.)
- UNDERSTANDING MISSOURI'S NONPARTISAN COURT PLAN (10:15 – 11:45 a.m.)
- LUNCHEON & BUSINESS MEETING (12:00 – 1:30 p.m.)
- MCRA TOWN HALL MEETING (1:45 - 3:15 p.m.)
- HAND REFLEXOLOGY (3:30 – 5:00 p.m.)
- TREASURES TO THE HIGHEST BIDDER (6:30 – 8:00 p.m.)

SUNDAY

- Sunday Breakfast (7:30 to 8:30 a.m.)
- COLLECTION STRATEGIES (8:30 – 10:30 a.m.)
- ANATOMY OF A MURDER (10:30 a.m. – 12:00 p.m.)

REGISTRATION FEE \$ _____ + # _____ GUEST MEALS @ \$ _____ = TOTAL FEES ENCLOSED \$ _____

PAYMENT METHOD

- Check Check No. _____ Please make check payable to MCRA
- Visa Master Card – Attention credit card users: please include security: 3 digit code on back of card _____
- Card No. _____ - _____ - _____ - _____ Expiration Date: _____ MM / _____ YYYY

MAIL REGISTRATION FORM TO:

Mr. Brett Harrison, Treasurer, 720 West Ramsey Street, Buffalo, MO 65622.
Payment must accompany registration form.