

MCRA CONVENTION REGISTRATION
April 27th and 28th, 2019
Hilton/Branson Convention Center
200 Main Street, Branson, Missouri 65616
Reservations – 866-442-0959 Group code MCRA

*PLEASE MAIL THIS REGISTRATION PAGE, ALONG WITH CHECK OR CREDIT CARD INFO TO:
Ms. Mary Long, Treasurer, 885 Washington Street, Florissant, MO 63031 or visit mocra.org click "donate" and put "convention"
in the memo and still fill this registration out and submit.*

Please Register by March 15, 2019 (On-site registrations will be charged an additional \$25.00)

Registration Information (Please print legibly)

Name: _____
Name to be printed on badge: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Work Phone: _____
Company or Courthouse: _____
E-Mail: _____

Registration Fees (Registration fees include breakfast buffets and Business dinner meals)

Attending Two Days

___ Reporter Member	\$200	___ Sponsor a student	\$50
___ Reporter Non-Member	\$250	___ I am a student	
___ Associate Member	\$150		
___ Retiree/Honorary (Pay cost of meals. Please indicate under "Guests" which meals you are paying for.)			

(Please indicate events you plan to attend.)

Guests

___ # of Guests Saturday Breakfast (\$15.00)
___ # of Guests Saturday Dinner (\$25.00)
___ # of Guests Sunday Breakfast (\$15.00)

Convention Planner

April 27, 2019

___ Saturday	Breakfast buffet	7:30- 8:30	
___ Saturday	A Case Study: The Russell and Rebecca Porter Double Homicide Case	8:30-11:45	(3.25/.325)
	(Lunch on your own)		
___ Saturday	Margie Holds Court	1:45- 3:15	(1.5/.15)
___ Saturday	Ethics Jeopardy	3:30-5:30	(2./20)
___ Saturday	Errors & Omissions – oh my!	3:30-4:30	(1./10)
___ Saturday	Realtime in the Courtroom	4:30-5:30	(1./10)
___ Saturday	Business Dinner provided/ cash cocktails/entertainment	5:45-8:00	

April 28, 2019

___ Sunday	Breakfast buffet	7:30-8:30	
___ Sunday	Software Breakouts	8:30-10:45	(2./20)
	___ CaseCatylist		
	___ Eclipse		
	___ Dragon		
___ Sunday	Town Hall	11:00-12:30	(1.5/.15)
	___ Officials: Kathy Foley/& NCRA update by representative		
	___ Freelance: Tiffany Wooldridge/& NCRA update by rep.		

_____ Total Enclosed for Guest Meals

Please include Guest Names

Guest 1 _____

Guest 2 _____

Registration Fee \$ _____ + **Guest Fees** \$ _____ = **Total Enclosed** \$ _____

Payment Method: ___ Check No. _____ (Please make check payable to **MCRA**)

Credit Card: ___ Visa ___ MasterCard

Card No. _____ Three digit security code on back _____

Expiration Date: Month _____ Year _____

Signature for Authorization _____

Payment Must Accompany Registration Form OR Register and make payment at Mocra.org under DONATE