

Conference Registration

Please print clearly!

Or register online:

<https://apps.dese.mo.gov/interpreterregistration/default>



Name: _____
 (Last) (First)

Phone: _____ Email: _____
 (Must provide email address for confirmation of registration)

Mailing Address: _____

___ Sign me up for the MCDHH Listserv!

Conference Registration Prices Select One

Early Bird

___ Early Bird 3-Day \$135

(Friday, Saturday, and Sunday Sessions, Saturday Luncheon, Banquet & Entertainment)

___ Early Bird Saturday Only \$115

(Saturday Sessions only, Saturday Luncheon, Banquet & Entertainment)

This rate is given to anyone who submits their registration **postmarked by August 26, 2016**

Regular

___ Regular 3-Day \$160

(Friday, Saturday, and Sunday Sessions, Saturday Luncheon, Banquet & Entertainment)

___ Regular Saturday Only \$140

(Saturday Sessions only, Saturday Luncheon, Banquet & Entertainment)

This rate is given to anyone who submits their registration **postmarked between August 27 and September 9, 2016**

On-Site

On-Site 3-Day \$175

(Friday, Saturday, and Sunday Sessions)

Regular Saturday Only \$140

(Saturday Sessions only)

On-site registration does NOT include Saturday Luncheon or Banquet & Entertainment. Availability of special tickets on-site is not guaranteed. The on-site rate is required for all on-site registration.

CHECK IS THE ONLY ACCEPTED FORM OF PAYMENT ON-SITE ABSOLUTELY NO CASH

Registrations postmarked after September 9 will be returned to sender. To register after September 9, you must do so at the door using the on-site rate. No refunds will be given after September 9.

Pre-Order for Extra Tickets

Saturday Luncheon: ___ x \$20 each

Saturday Banquet & Entertainment: ___ x \$30 each

Special Dietary Needs

___ Diabetic ___ Vegetarian ___ Other: _____

We will make every effort to accommodate your needs.

Special Accommodations

Special accommodations requests must be made by September 9, 2016. Contact MCDHH to discuss your needs.

| | | | | |
|--------------------------------|--------------|-------------------|---------------------|-------------------------|
| Demographic Information | ___ Under 25 | ___ Teacher | ___ MICS Novice | ___ RID Certified |
| | ___ 25-44 | ___ Parent | ___ MICS Apprentice | ___ NAD Certified |
| | ___ Male | ___ Administrator | ___ MICS Basic | ___ BEI Certified |
| | ___ Female | ___ Interpreter | ___ MICS Advanced | ___ CDI/DI |
| | ___ Over 65 | ___ Student | ___ MICS Master | ___ Other Certification |

Payment

Make checks payable to: MCDHH/BCI Fund

Mail this form and payment to MCDHH

3216 Emerald Lane, Suite B, Jefferson City, MO 65109

FOR OFFICE USE ONLY

DATE RECEIVED | RECEIVED BY | AMT PAID | CHECK/PO NUMBER | MEALS | EMAIL SENT/INITIALS