



21st Annual Missouri Interpreters Conference 2014

October 10-12, 2014

Tan-Tar-A Resort, Osage Beach, MO 65065



STUDENT REGISTRATION FORM (COPY OF PHOTO ID REQUIRED)

Name _____
(Last Name) (First Name)

Address _____
(Street Address)

(City) (State) (Zip)

Work Phone _____ Home Phone _____

E-mail** _____ FAX _____

Sign up for MCDHH Listserv ** Must provide e-mail address for confirmation of registration.

CONFERENCE REGISTRATION PRICES:

EARLY BIRD

\$100.00 (Friday, Saturday, Saturday Luncheon, Banquet & Trivia Night, Sunday)

\$80.00 (Saturday only, Saturday Luncheon, Banquet & Trivia Night)

This rate is given to anyone who submits their registration **postmarked by August 29, 2014**

REGULAR

\$120.00 (Friday, Saturday, Saturday Luncheon, Banquet & Trivia Night, Sunday)

\$100.00 (Saturday only, Saturday Luncheon, Banquet & Trivia Night)

This rate is given to anyone who submits their registration **postmarked between August 30 - September 27, 2014**

ON-SITE

\$125.00 (Friday, Saturday, Sunday)

\$115.00 (Saturday only)

On-Site Registration does **NOT** include the Saturday Luncheon, Banquet or Trivia Night. This rate is required for anyone registering **On-site at the conference CHECK ONLY**

Pre-Order Extra Tickets

_____ Saturday Luncheon at \$20 each

_____ Saturday Banquet at \$30 each

_____ Saturday Trivia Night at \$10 Each

Please indicate if you have any special dietary needs. We will make every effort to accommodate you.
diabetic _____ vegetarian _____ Other _____

REGISTRATION AND PAYMENT OPTIONS ARE NOW AVAILABLE AT WWW.MCDHH.MO.GOV

Make checks payable to: MCDHH/BCI Fund

Mail registration form and payment to
Missouri Interpreters Conference
1500 Southridge Dr., Suite 201
Jefferson City, MO 65109

Registrations postmarked after September 27, 2014 will be returned to sender and then you **MUST** register at the door paying the on-site rate using a check.

No refunds will be given after September 27, 2014.

Contact Missouri Commission for the Deaf and Hard of Hearing by September 19, 2014 to request special accommodations for the conference.

DEMOGRAPHIC INFORMATION

- | | | | | |
|---------------------------------|-----------------------------------|--|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Under 25 | <input type="checkbox"/> Teacher | <input type="checkbox"/> MICS Novice | <input type="checkbox"/> RID Certified |
| <input type="checkbox"/> Female | <input type="checkbox"/> 25-44 | <input type="checkbox"/> Parent | <input type="checkbox"/> MICS Apprentice | <input type="checkbox"/> NAD Certified |
| | <input type="checkbox"/> 45-65 | <input type="checkbox"/> Administrator | <input type="checkbox"/> MICS Intermediate | <input type="checkbox"/> BEI Certified |
| | <input type="checkbox"/> over 65 | <input type="checkbox"/> Interpreter | <input type="checkbox"/> MICS Advanced | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Student | <input type="checkbox"/> MICS Comprehensive | |

FOR OFFICE USE ONLY
DATE RECEIVED

RECEIVED BY

AMOUNT PAID

CHECK/PO NUMBER

EXTRA LUNCH

EMAIL SENT/INITIALS