

MTCCCA Clinic Registration Form

December 11-12, 2009 • Holiday Inn Select Executive Center, Columbia, MO

Please only one person per form – make copies if necessary.

Name: _____ Home Phone: (_____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Fax: (_____) _____

School Name: _____ Daytime phone: (_____) _____

E-mail Address: _____

Registration Fee: (Includes your 2010 MTCCCA Dues)

\$100.00 Advance Registration (*by December 1, 2009*) \$115.00 On-Site Registration at the Clinic (*after December 1, 2009*)

Payment: Make Check payable to Custom Meeting Planners, Inc.

Credit Card Payment: MasterCard Visa Discover Card Number: _____

Exp. Date: ____/____

Name of Cardholder _____ Signature of Cardholder _____

Address (on credit card statement, if different than above) _____

Purchase Order (*Copy of Purchase Order MUST accompany registration form*)

3 Ways to Register:

1. **Mail:** Custom Meeting Planners, Inc., MTCCCA Clinic, PO Box 30785, Columbia, MO 65205

2. **Fax:** Fax completed form with credit card information or purchase order to (573) 445-1831.

3. **On-line** at: <http://custommeetingplanners.com/mtccca>

If you have a disability that requires special materials or services, contact Jamie Schieber at (573) 445-2965 by November 6, 2009.

For office use only 10009 Customer ID# _____ Receipt # _____

2010 MTCCCA Membership

(Only for use if not attending clinic)

If you cannot attend the clinic, but still want to be a member of the Missouri Track and Cross Country Coaches Association, non-attende membership is available. Non-attende membership includes all of the member benefits, and eligibility for Coach of the Year Awards.

Please complete the following information and send check made payable to "MTCCCA" to:

Dean Hays
111 Parkway
Hardin, MO 64035

Please check the appropriate box:

\$10.00 Introductory, First-Time Membership (for those who have never been a member of MTCCCA)

\$20.00 Former Member Renewal Membership

Name: _____ Home Phone: (_____) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Fax: (_____) _____

School Name: _____ Daytime phone: (_____) _____

E-mail Address: _____

Deadline for Non-attende Membership is April 1, 2010.