

# 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.***