

MACDDS ANNUAL CONFERENCE

OCTOBER 18 & 19, 2018 • Holiday Inn Executive Center, Columbia, Missouri

Please print or type; please use one form per registrant.

Name: _____

Agency: _____

Mailing Address: _____

City/State/ZIP/County: _____ Phone: _____

Fax: _____ Email: _____

I am a: SB 40 MACDDS Member SB 40 Non-Member Other

Check one of the following:

Board Member Professional Staff Parent/Family Member
 Support Staff Person with Disability Other

If you need accommodations, please check here: Describe accommodations needed:

I require a: Vegetarian Meal Special Dietary Restrictions (please describe):



REGISTER BY MAIL:

MACDDS
P.O. Box 684
Jefferson City, MO 65102

REGISTER BY INTERNET:

(credit card only)
www.macdds.org

REGISTER BY FAX:

(credit card only)
573.635.2858

QUESTIONS ABOUT
REGISTRATION:

573-635-2173

Please print and bring
handouts for the sessions
you are attending. Handouts
for all sessions will be
available on October 12th at
www.macdds.org.



Registration Fees (circle item for which you are registering)	Member		Non-Member	
	Before 9/21	After 9/21	Before 9/21	After 9/21
Early Bird and Regular Registration Fees				
Conference	\$130	\$150	\$150	\$170
Lunch Only (non-conference participants)	\$26		\$26	
Pre-Conference Session on Wednesday, October 17 <i>Recommended for Executive Directors and Board Members</i>	Free		\$30	

PAYMENT

Check (payable to MACDDS) VISA MasterCard Discover

Name on Credit Card: _____ Signature: _____ Credit Card Number: _____

Billing Address (if different from above): _____ Expiration Date: _____ 3-digit code: _____