

# MACDDS ANNUAL CONFERENCE

OCTOBER 17 & 18, 2019 • Holiday Inn Executive Center, Columbia, Missouri

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

Name:

---

Agency:

---

Mailing Address:

---

City/State/ZIP/Country:

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):

---

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	\$200	\$220
Lunch Only (non-conference participants)	\$26		\$26	
Pre-Conference Session on Wednesday, October 16	Free		\$100	

## PAYMENT

Check (payable to MACDDS)  VISA  MasterCard  Discover

Name on Credit Card:

Signature:

---

Billing Address (if different from above):

---

Credit Card Number:

Expiration Date: 3-digit code:

---



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**.