

Missouri State Outreach Registration Form

First Name:M.ILas	t Name:	
Badge Name:		
If you are providing payment:	If company is making payment:	
Personal Address:	Company Name:	
	Business Address:	
City/State/7ip:		
City/State/Zip:	City/State/Zip:	
Personal Phone:		
Fax #:	Fax #:	
E-mail:	E-mail:	
Cell Phone:	Profession:	
Course Name	Date	Fee
All registrations must be accomplished by one of the following paymen	nt options:	
	Total Amount Enclosed:	
Send correspondence to (check one): ☐ Home ☐ Company	☐ Other:	
Please sign that you have read and understand the cancellation policy.		
Where did you first hear about this program?		
Mail Codes: (Listed next to your add		
Cancellation Policy: Missouri State University reserves the right to cancel this program. If the prog	Ç .	liately, and all fees will be

Missouri State University reserves the right to cancel this program. If the program is cancelled, you will be notified immediately, and all fees will be refunded. If you must cancel, you will receive a full refund only if you do so before the deadline listed for each workshop. After the registration deadline, the fee less 15% will be returned.



- 1. Phone: (417) 836-6660 or toll-free (877) 678-2005
- 2. Online: http://apps.missouristate.edu/ec/noncredit/workshopregform.php
- 3. To pay by credit card: (417) 836-6660 or toll-free (877) 678-2005
- 4. Mail: this form with check or money order (payable to Missouri State) to:

Missouri State University Missouri State Outreach 901 S. National Ave., Springfield, MO 65897

Odds and Ends:

- Call if you have questions (417) 836-6660 or toll-free (877) 678-2005.
- For disability accommodations contact (417) 836-6660. Two weeks advance notice is requested.
- We have the right to send an alternative speaker. Missouri State reserves the right to videotape, photograph, or film footage of all of our programs.

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