

Attn: State Officer, this form must be sent in to the MU Conference Office (whether or not you are including a guest)

2019 Missouri FCCLA State Leadership Conference • Tan-Tar-A Resort, Osage Beach, MO
State Executive Councils' Dinner • Sunday, March 17, 2019 ❖ **RESERVATION FORM** ❖

Reservations must be postmarked or faxed by Friday, February 15, 2019. If received after February 15, a \$10 late fee per person will be assessed.

State Officer's Name _____ Region _____ Late Fee? Yes No
 Adviser's Name _____ Attending Dinner? Yes No Late Fee? Yes No
 Adviser's Name _____ Attending Dinner? Yes No Late Fee? Yes No
 Adviser's Name _____ Attending Dinner? Yes No Late Fee? Yes No
 Name of School _____ Phone # (for person filling out this form) _____
 School Address / City / State / Zip _____

List names of guests below and check the appropriate category. Each officer is allowed FOUR guests at no charge, as long as this form is postmarked or faxed by February 15. Additional guests are \$30 each.

Fee By Feb 15	Fee After Feb 15	Name of Guest(s) LATE FEE of \$10 per person if postmarked or faxed After Friday February 15, 2019	Administrator	Family Member	Other	For Office Use Only
\$0	\$10					
\$0	\$10					
\$0	\$10					
\$0	\$10					
\$30	\$40					
\$30	\$40					
\$30	\$40					
\$30	\$40					

of paid Guests attending _____ @ \$30 each = \$ _____

of late fees assessed _____ @ \$10 each = \$ _____

TOTAL DUE \$ _____

Do you need any special arrangements for meals or facilities?

No Yes Explain: _____

For Office use only: Customer ID _____ Receipt # _____

Three Ways to Register:

- MAIL in completed form and fee, purchase order, or credit card information to: FCCLA, MU Conference Office, 344 Hearnese, Columbia, MO 65211.
- FAX completed form with PO number or credit card information to (573) 882-1953
- PHONE in registration with credit card information to (573) 882-4349.

Method of Payment

- Payment Enclosed (make payable to University of Missouri)
 Bill my organization (*Attach hard copy of Purchase Order*) PO# _____
 **Credit Card MasterCard VISA Discover American Express

Exp. Date ____/____/____ Card Number _____

Printed Name on Card _____ Signature _____

Address if Different from Above _____

****Forms with credit card numbers will NOT be accepted via e-mail, as per University of Missouri policies.**