



**2009 MACTE Fall Meeting (In conjunction with DESE)  
 Registration Form: Sept. 30<sup>th</sup> – October 2<sup>nd</sup>, 2009  
 Holiday Inn Select Executive Center  
 2200 I-70 Drive SW Columbia, MO 65203**

Registration forms should be completed and faxed to 417-836-5008. Please do not wait until your institution processes payment to fax in your forms. Payment can come separately.

**Participant Name:** \_\_\_\_\_

**Name on Name Tag:** \_\_\_\_\_

**College/University** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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**Office Telephone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Is this your first MACTE Conference?**       YES       NO

Please send one Conference Registration Form for each member who will be attending the conference. Please indicate method of payment below.

**Registration Fee(s):** *(Registrations Are Requested By **September 9<sup>th</sup>, 2008**. Hotel Rooms must be reserved by that date to guarantee a room)*

\_\_\_\_\_ **Pre-Conference Workshop for New Professionals (September 30<sup>th</sup>)**      \$ **40.00**  
*Wednesday Dinner – Please check  Beef  Chicken  Vegetarian*

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*Choose One:*

\_\_\_\_\_ **Full Conference Registration Including 2 Meals**      \$ **100.00**  
*Thursday Banquet – Please check  Beef  Chicken  Vegetarian*

\_\_\_\_\_ **Thursday Conference Registration Only Including Banquet**      \$ **75.00**  
*Thursday Banquet – Please check  Beef  Chicken  Vegetarian*

\_\_\_\_\_ **Friday Conference Registration Only Including Breakfast Buffet**      \$ **50.00**

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**Total Payment (Checks made payable to MACTE):**      \$ \_\_\_\_\_

**Method of Payment:**       Personal Check  
     Institutional Check  
     Enclosed       Separate Cover

**Cancellation Policy:** Participants may cancel their registration up to **September 25<sup>th</sup>, 2009** for a full refund of conference registration fees. Participants who cancel after that date or who are unable to attend and do not cancel are responsible for paying all fees in full.

**To ensure that we receive all registration forms by the deadline, PLEASE FAX your registration form to 417-836-5008 at the time it is completed. You can then send the original with your payment later. Mail Original Registration Form(s) with Payment To:**

**Scott Fiedler – MACTE Treasurer  
 901 S. National Ave, Hill 203  
 Springfield, MO 65897  
 417-836-8772 Office, 417-836-5008 Fax**

# REGISTRATION INSTRUCTIONS

## **PERSONAL INFORMATION**

Please complete one Conference Registration Form for each member who will be attending the spring meeting. Please PRINT all information so that nametags are printed accurately. You will be sent an email confirmation to the email address you indicate on the registration form.

## **WORKSHOP ATTENDANCE**

This MACTE conference has included a PRE-CONFERENCE WORKSHOP for new professionals. If you are planning to attend this pre-conference workshop, please indicate that separately on your registration form.

You must also indicate if you plan to attend the full conference (Thursday and Friday) or only part of the regular conference. Dinner on Thursday will include beef OR chicken OR a vegetarian option. Please indicate your preference.

## **PAYMENT OPTIONS**

Please indicate your method of payment. If paying by institutional check, please also indicate if the check is enclosed or if it will be sent separately. For institutional checks, please make sure to designate on the check or check stub the University or member the payment should be applied to so your payment is applied correctly.

Registration forms should be faxed to: 417-836-5008

They can also be mailed to: Scott Fiedler – MACTE Treasurer  
901 S. National Ave., Hill 200  
Springfield, MO 65897

**In order to ensure that we receive all registration forms before the deadline, PLEASE FAX your registration form at the time you complete it. You can then send the original with your payment later. This way, if payment is delayed we will still know you are attending.** If you have any questions regarding your conference registration or have special needs, please contact Scott Fiedler or Laura McCullough at 417-836-5253.

## **CANCELLATION POLICY:**

Participants may cancel their registration up to **September 25<sup>th</sup> 2009** for a full refund of conference registration fees. Participants who cancel after that date or who are unable to attend and do not cancel are responsible for paying all registration fees in full.

## **CONFERENCE REGISTRATION CONFIRMATION**

You will receive a confirmation email once your registration and payment has been received.

## **HOTEL RESERVATIONS**

Hotel reservations must be made separately by contacting Holiday Inn Select Executive Center. Information on hotel reservations can be found on the web at:

<http://associations.missouristate.edu/macte/default.htm>