



# Missouri Milk, Food & Environmental Health Association

**2010 ANNUAL EDUCATION CONFERENCE**  
MARCH 31 - APRIL 2, 2010  
STONEY CREEK INN  
2601 SOUTH PROVIDENCE COLUMBIA MO. 573-442-6400

## INVOICE/REGISTRATION FORM

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company/Org: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone/Fax: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

**PRE REGISTRATION:** Please check the appropriate box or boxes.

- ONE DAY ONLY:(Wed, Thu, or Fri) \$70.00
- ENTIRE CONFERENCE (Including banquet) \$85.00
- STUDENT (Educational Sessions Only) \$10.00
- DUES ONLY (Not Attending) \$15.00
- BANQUET TICKET(one day, Guest, Spouse, Student) \$20.00
- RETIRED LIFETIME MEMBER** **FREE**  
Retired Lifetime members must be fully retired, not employed to qualify. (not employed in Environmental Health Field)

### AT DOOR REGISTRATION

- ONE DAY ONLY (Wed, Thu, Fri) \$85.00
- ENTIRE CONFERENCE \$100.00

### DONATIONS

- EDMUNDSON SCHOLARSHIP DONATION \$ \_\_\_\_\_
- BENGSCHE SCHOLARSHIP FUND \$ \_\_\_\_\_

**AMOUNT DUE** \$ \_\_\_\_\_

**AMOUNT ENCLOSED** \$ \_\_\_\_\_

**CERTIFICATION TESTING IS CONDUCTED BY THE MISSOURI BOARD OF CERTIFICATION ON TUESDAY MORNING BEFORE THE EDUCATIONAL CONFERENCE. CONTACT JANET MURRAY AT [murraj1@lpha.mopublic.org](mailto:murraj1@lpha.mopublic.org) FOR MORE INFORMATION.**

**REGISTRATION FEE (Except Student) INCLUDES:** Membership Dues, Educational Sessions, Hospitality Hours, Banquet, and C.E.U. Availability. **PRE-REGISTRATION MUST BE RECEIVED BY: MARCH 20<sup>TH</sup> 2010.** Registration received after March 20, 2010 will pay "AT DOOR REGISTRATION" FEES. Submission of Registration Form alone, if received by March 20<sup>th</sup> 2010, will be considered **PRE-REGISTERED** so long as a purchase order payment is received by the time of the conference. To avoid delays during registration, please remit your payment with registration form at this time. **WE CURRENTLY DO NOT ACCEPT CREDIT/DEBIT CARDS.**

**PLEASE MAIL COMPLETED FORM TO:**

MMFEHA  
Gala Miller, Treasurer  
P.O. Box 105017  
Jefferson City, MO 65110-5017  
Phone: (573) 659-0706 or (573) 893-3066

PO #:	_____
CHECK #:	_____
DATE RECEIVED:	_____
MEMBERSHIP #:	_____
FORM #:	_____