

MISSOURI ADDICTION COUNSELORS ASSOCIATION 2017 FALL
CONFERENCE
October 13, 14 & 15, 2017

Conference Registration Form

Name (please type or print) _____ Phone # _____
Address _____ City/State/Zip _____
Signature _____ Credentials _____
Agency Employed By _____ E-Mail _____

Conference Registration Fee \$ _____ Individual Guest Meal \$30.00
MACA Member prior to October 1, 2017, \$125.00 Non-member \$150.00 After October 1, 2017,
registration \$175.00

ONE-DAY ONLY: Friday: \$70 Saturday: \$70 Sunday: \$35

Please Check Day Attending: FRI _____ SAT _____ SUN _____

Total Amount Enclosed \$ _____

E-mail to maca@socket.net or mail to MACA, P.O. Box 8613, St Joseph, MO 64508
NO LATER THAN October 1st, 2017. After this date, you may call 417-554-1412 or
register at the door. If you have any questions, please feel free to contact me at the
above contact options.

Credit card information;

Cardholder name _____
Name on Card _____
Billing Address _____
Mastercard ___ Visa ___ Discover ___
Credit Card Number _____ Exp. Date ___ Verification code ___
Signature _____