



MISSOURI ADDICTION COUNSELORS ASSOCIATION
SPRING CONFERENCE REGISTRATION FORM

April 21, 22 & 23, 2017

Name (please type or print) _____

Phone # _____

Address _____

City/State/Zip _____

Signature _____

Credentials _____

Agency Employed By _____

Phone#: _____

E-mail: _____

Conference Registration Fee (\$150 Prior to April 5, 2017. After April 5, 2017 registration will be \$175.

One day fees will be \$70 for Friday, \$70 for Saturday and \$40 for Sunday

Extra Individual Banquet Meal(s) (\$30 ea.) \$ _____

Membership (\$50) \$ _____

Total Enclosed \$ _____

EMAIL TO maca@socket.net or mail to MACA, PO Box 8613, St Joseph, MO 64508 **NO LATER THAN**
April 7, 2017. After this date, you may call 417-554-1412 or register at door.

If you have any questions, please feel free to contact me at the above contact options

Ronnie Beaver, MACA Executive Secretary

Cardholder email: _____

Name on Card _____

Billing Address _____

Cardholder's **Payment Method**: Check ___ Credit Card Payment: MasterCard ___ Visa ___ Discover ___

Credit Card Number _____ Exp. Date _____ Verification code _____

Signature _____