Aspiring Superintendent's Workshop 2014 Registration Form

Registrant Name		
School District		
School Address		
City	State	e Zip
Phone ()	Fax ()	
Email address		
Billing Information		
Billing Name		
School District		
Billing Address		
City	State	Zip
Method of Payment: Check, Purchase Order or Mastercard/Visa is required. Check Number Purchase Order		
Credit Card: Mastercard/Visa		
Exp. date Signature		_
Register on line at www.m		-
<u>When and Where</u> :	Wednesday, March 19, 2014 The Lodge of Four Seasons Osage Beach, Missouri Room—Valencia II	
<u>Time:</u>	Wednesday, March 19, 2014 9:00 a.m. to 2:00 p.m.	
(Lunch	<u>Cost \$70.00 per pe</u> eon provided by OPAA F	
	CANCELLATION FEE	POLICY

Workshops registration cancellations will only be accepted in writing, by fax or email 72 hours (three business days) prior to the event. All cancellations received less than 72 hours prior to the event will be subject to the full registration charge. ALL cancellations will be subject to a \$25 administrative charge.

NO SHOWS will be charged the full amount.