

Registration Form

**Learning Disabilities Association of MO**  
41<sup>st</sup> Annual State Conference

***Saturday, October 31<sup>st</sup>, 2009***

**“CHANGES AND CHALLENGES”**

Missouri-Baptist University  
One College Park Drive  
St. Louis, MO

<b>Name</b>	<b>Home Phone</b>
<b>Home Address</b>	<b>Preferred E-mail</b>
<b>City, State, Zip</b>	
<i>Please check those which apply:</i>	
<input type="checkbox"/> LDA Member	\$ 115
<input type="checkbox"/> Non-Member	\$ 165
<input type="checkbox"/> Parent / LD Adult	\$ 75
<b>Total Amount Due</b> <b>\$</b>	
<input type="checkbox"/> My check is enclosed <input type="checkbox"/> Invoice my school district School Name: _____ <i>Attn:</i> _____ Address _____ City, ST Zipcode _____ P.O. # _____ <input type="checkbox"/> Charge my Master Card/Visa (circle which) Card # _____ - _____ - _____ - _____ Expiration (MO/YR) ____ / ____ Signature _____	

**LUNCH IS INCLUDED IN PRICE OF REGISTRATION**

Please mail completed form to:  
LDA of MO  
P.O. Box 3303  
Springfield, MO 65808-3303