

MEETING REGISTRATION FORM

2010 MRTA FALL ANNUAL MEETING

MISSOURI RETIRED TEACHERS ASSOCIATION

Capitol Plaza Hotel, Jefferson City, MO

September 14th & 15th, 2010

PLEASE PRINT OR TYPE – USE ONE REGISTRATION PER ATTENDEE

NAME: _____

NAME PREFERRED ON BADGE: _____

MRTA LOCAL UNIT: _____

MRTA LEADERSHIP POSITION: (Please check those position(s) that apply to you):

- | | |
|---|--|
| <input type="checkbox"/> MRTA Board of Directors | <input type="checkbox"/> MRTF Board of Directors |
| <input type="checkbox"/> Unit President | <input type="checkbox"/> Delegate |
| <input type="checkbox"/> Other Please specify _____ | |

CONTACT PHONE #: _____

E-MAIL ADDRESS: _____

**ALL ATTENDEES MUST PAY REGISTRATION FEE
OR SUBMIT NEW MEMBERSHIP APPLICATION
REGISTRATION FEES ARE NOT REFUNDABLE**

PLEASE CHECK REGISTRATION TYPE THAT IS ENCLOSED.

REGISTRATION FEE - \$25.

NEW MEMBERSHIP APPLICATION WITH DUES ENCLOSED - \$35.

**REGISTRATIONS RECEIVED WITHOUT PAYMENT OR NEW MEMBERSHIP APPLICATION
WILL NOT BE ACCEPTED AND WILL BE RETURNED. REGISTRATIONS VIA E-MAIL, FAX OR
PHONE WILL NOT BE ACCEPTED.**

Mail to: Events Coordinator
MRTA
3030 DuPont Circle
Jefferson City, MO 65109

If you have questions,
please call MRTA 1-877-366-6782.
Thank you for your cooperation.