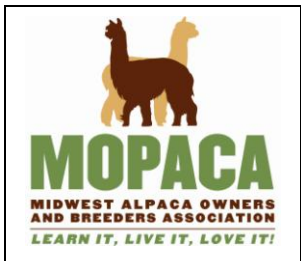


# REGISTRATION FORM July 18-19, 2015



**PLEASE PRINT!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_

Please choose your TOP 8 class choices and list in order of 1-8 with #1 the one you want to take the most. You will be **notified by e-mail** of the class(es) you have a space reserved in. Material fees, if any, will be due by the date indicated on your material invoice. **Circle** SA for Saturday, SU for Sunday and indicate time if class is offered more than once that day. We will do our best to fill your choices in order.

1. SA/SU \_\_\_\_\_
2. SA/SU \_\_\_\_\_
3. SA/SU \_\_\_\_\_
4. SA/SU \_\_\_\_\_
5. SA/SU \_\_\_\_\_
6. SA/SU \_\_\_\_\_
7. SA/SU \_\_\_\_\_
8. SA/SU \_\_\_\_\_

**Registration Fees**  
(for up to SIX classes)

Two Day Registration:     \$35.00  
 One Day Registration:     \$20.00  
 MOPACA Member (2-day): \$25.00

**No Refunds after 6/21/2015**

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Make check payable to:

**MOPACA**

Mail to: Liz Mitchko- Fiber U  
 24649 Snowberry Dr.  
 Lebanon, MO 65536

**ALL Registrants must read and accept the following:** By submitting registration, applicant releases and agrees to hold harmless and indemnify Fiber "U", MOPACA members and the City of Lebanon, MO, event sponsors, partners and their insurance carriers, their officials, employees, volunteers and agents from any and all claims, actions or damages, without any limitation whatsoever, for any loss, damage or injury to any person or property which is caused directly or indirectly for any reason. The undersigned also agrees to hold harmless Fiber "U", MOPACA, the Kenneth E Cowan Civic Center, the City of Lebanon, MO and Laclede County MO for any expenses or liabilities, including attorney's fees. In signing below, undersigned has read, agrees to abide by, and has retained a copy of this registration. Applicant also grants Fiber "U" consent to use any photos from Fiber "U" for advertising or promotional purposes without any compensation.

\_\_\_\_\_ Date: \_\_\_\_\_

Registrant: Signature

For Official use only: Date Rec'd: _____	CK# _____ \$ _____	Classes Assigned _____	e-mail invoice _____	Mat. Fee rec'd: _____	Conf. e-mail/schedule _____
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