

Organization Name _____ Phone _____
 Address _____ City/State/Zip _____

ELECTRONIC MATERIALS - Again this year, we are offering attendees who are fully registered the option to receive all conference handouts to download in pdf format in advance of the conference and a \$10 discount for doing so. You will not receive a printed book onsite.

| Full Name | E-mail | D-O-B | 1st time attendee | Conf. Full Reg. | Spouse Reg. | Exhibitor Reg. | E&O Seminar | Crawfish | Trade Show Only |
|---|--------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. _____ | _____ | __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title _____ Select one: <input type="checkbox"/> Principal/Owner <input type="checkbox"/> Agency Manager <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Manager <input type="checkbox"/> CSR <input type="checkbox"/> IT <input type="checkbox"/> Co. Rep | | | | | | | | | |
| 1. _____ | _____ | __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title _____ Select one: <input type="checkbox"/> Principal/Owner <input type="checkbox"/> Agency Manager <input type="checkbox"/> Producer <input type="checkbox"/> Acct. Manager <input type="checkbox"/> CSR <input type="checkbox"/> IT <input type="checkbox"/> Co. Rep | | | | | | | | | |
| 1. _____ | _____ | __/__/__ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Full Registration Options | Qty | Member | | Non-Member | Total |
|---|-----|---------------------|------------------------|------------|---------------------------------------|
| <input type="checkbox"/> Yes! I would like to receive my materials electronically in advance. Full Registration Download Discount (Thurs.-Fri.): Includes education sessions, meals and social functions listed on the conference agenda. <i>Price does not include the E&O Seminar or Crawfish Feast.</i> | | By Feb. 20 \$135 | After Feb. 20 \$165 | \$270 | \$ |
| <input type="checkbox"/> No, I would like to receive a book of materials onsite. Full Registration (Thurs.-Fri.): Includes education sessions, meals and social functions listed on the conference agenda. <i>Price does not include the E&O Seminar or Crawfish Feast.</i> | | By Feb. 20 \$145 | After Feb. 20 \$175 | \$290 | \$ |
| Spouse Registration (Thurs.-Fri.): Includes the same as a full registration. <i>Does not include the E&O Seminar or Crawfish Feast.</i> | | By Feb. 20 \$50 | After Feb. 20 \$65 | N/A | \$ |
| Exhibitor Registration Options | Qty | Member | | Non-Member | Total |
| Exhibitor Registration: Available to THOSE WITH EXHIBIT BOOTH only. Includes Thurs. Lunch, Trade Show, and Reception with food and beverage. | | By Feb. 20 \$80 | After Feb. 20 \$95 | \$160 | \$ |
| Optional Items | Qty | Member | | Non-Member | Total |
| Errors & Omissions Seminar (Wed., March 20, Holiday Inn, Columbia) Agency MUST have someone registered for the conference in order to receive this discounted pricing. If no one is registered, the member cost is \$100 (earlybird) or \$120. | | | \$80 | \$200 | \$ |
| Crawfish Feast (Wed., March 20, Columbia Knights of Columbus, 5-7:30 p.m.) <i>If purchased at door, cost is \$25 each. Must be 21 to attend.</i> | | | \$20 | \$25 | \$ |
| Trade Show Only (Thurs., March 21, 4:30-7:30 p.m.) Available to retail agency members ONLY. | | | \$65 | N/A | \$ |
| Please send payment with your registration. | | | | | Total Amount Enclosed \$ _____ |

Payment: Check enclosed or VISA MC AmEx Discover Card # _____
 Exp. Date _____ Card Verification Code _____ Cardholder Signature _____
 Billing Address _____

Please make checks payable to: Missouri Association of Insurance Agents, P.O. Box 1785, Jefferson City, MO 65102-1785.

Refund Policy

Ninety percent refund if cancellation is received in writing more than five working days before the conference. Seventy-five percent refund if cancellation is received in writing fewer than five working days before the event. You will not receive a refund if you do not notify us before the start of the event. Contact Laura at maia@moagent.org, or for questions, 573-893-4301.

Accommodations

Hotel accommodations should be made directly with Holiday Inn, Columbia, Mo., phone 573-445-8531. MAIA has a guaranteed room rate of \$102.95 per room per night (on a space-available basis) for reservations made by Feb. 19, 2019. Specify you are with the MAIA Small Agency Conference.