School or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Order #: \_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Registration Fees:* ***(No Registration Fee for Spouses/Associates/Guests/ Board Trainees!)***

*(Refund Request/Cancellations must be received prior to* ***October 3, 2025*** *– NO refunds after that date because of fixed costs.)*

* 1st & 2nd registration from same school district *(meals included*) #\_\_\_\_\_\_\_\_ @ $165 each = $\_\_\_\_\_\_
* 3rd plus registration from same school district *(meals included)* #\_\_\_\_\_\_\_\_ @ $155 each = $\_\_\_\_\_\_

*Meal Packages:* ***(For Spouses/Associates/Guests/Board Trainees only!)***

* **Package A:** All Meals (1 reception, 2 breakfasts, 1 luncheon & snacks) # \_\_\_\_ @ $65 each = $ \_\_\_\_\_\_
* **Package B:** Thursday luncheon only #\_\_\_\_\_@ $25 each = $\_\_\_\_\_\_
* If you have any meal restrictions, please email me at[**ksandlin@moare.com**](mailto:ksandlin@moare.com) so that we can be sure to make appropriate accommodations!

**Total Amount Due: $\_\_\_\_\_\_\_\_\_\_\_**

*Attendee List:*

|  |  |  |
| --- | --- | --- |
| **Name**  *(Name to be listed on Attendance Badge)* | Position  *(Superintendent, Board Member, Board Member Trainee, Guest, Associate, Exhibitor, Presenter, Other)* | (If Attending Initial/Required Board Training) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Fax Registration & P.O. to (660) 747-8160, email to [ksandlin@moare.com](mailto:ksandlin@moare.com) or mail to:

MARE

710 North College Street, Suite C

Warrensburg, MO 64093-1220