



CONVENTION
REGISTRATION FORM

12th Annual Conference and Trade Show
October 16 & 17, 2009

The Resort at Port Arrowhead
Bus. Hwy 54
Lake Ozark, MO
1-573-365-2334 or 1-800-532-3575

Organization Name: _____ License #: _____

Amount Paid: _____ Check # _____

Home mailing address: _____

City: _____ Zip Code: _____

Contact Person: _____ Phone #: _____

Please furnish your e-mail address if you have one: _____
Print

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Do you plan to attend the Friday night hospitality room? Yes: or No:

3rd person or more may attend at a cost of \$75.00 per person includes lunch & Dinner.

First Name: _____ Last Name: _____ Due \$75.00

Conference:

Members who register are entitled to attend conference, receive any handout materials, attend seminars and visit the trade shows.

Association of Charitable Games of Missouri
(ACGM) will host a hospitality room from 5-7:00 PM Friday October 16, 2009
In the Vendor's room.

You will need to make your own room reservations either by calling 1-800-532-3575 or 1-573-365-2334. Be certain to specify that you are attending the Association of Charitable Games Conference to receive the convention rate. You must register by Sept 7.

Note: *If your organization is tax exempt and you do not want to pay the sales tax on your hotel bill, you must bring with you a copy of your organization's tax-exempt certificate and pay your bill with your organization's check. You may not use personal check or credit card (unless it's the organization's) otherwise sales tax will be assessed.*

Please be advised

The Missouri Gaming Commission approved the use of bingo funds to pay association dues, and Convention expenses. Must keep your receipts

For more information go to:

www.mobingo.org

Additional meal tickets
For
Spouse or guest.

Members and Non-members

Spouse, Guest

Saturday buffet luncheon _____ tickets @ \$20.00 each. \$ _____

Members and Non-members

Spouse, Guest

Saturday Dinner _____ tickets @ \$35.00 each. \$ _____

Total Due \$ _____

Please list your spouse and guest names that will be attending the conference Lunch or Dinner.

Members Name: _____

Make check payable to ACGM

MAIL FORM AND CHECK TO:

**Kathy Cole, ACGM Treasurer
2623 N. National Ave.
Springfield, MO 65803
417 838 6677**

E-Mail: kcole10082@sbcglobal.net