

REGISTRATION FORM

MISSOURI DIVISION OF FINANCE OUTREACH MEETINGS

Please complete this registration form and mail it along with your check for the registration fee in the amount of \$30.00 for each attendee payable to the **Conference of State Bank Supervisors** to the Division of Finance, P. O. Box 716, Jefferson City, MO 65102. Meetings will last from 10:00 a.m. until 2:00 p.m. Lunch will be provided and the registration fee will defray the cost of the meal and meeting room.

ORGANIZATION INFORMATION:

Bank _____
Address _____
City/State/Zip _____
Phone _____

NAME OF ATTENDEE(S):

Name _____
Title _____

Meeting Dates/Places (10:00 a.m. – 2:00 p.m.)(Please mark the one you would like to attend):

- | | |
|---|---|
| <input type="checkbox"/> October 1, 2008
Clinton Building
501 Campanella Drive
Sikeston, MO 63801
573/475-3725 | <input type="checkbox"/> October 2, 2008
Holiday Inn Southwest/Viking
Conference Center
10709 Watson Road
St. Louis, MO 63127
314/821-6600 |
| <input type="checkbox"/> October 7, 2008
Hilton Garden Inn Independence
19677 East Jackson Drive
Independence, MO 64057
816/350-3000 | <input type="checkbox"/> October 8, 2008
University Plaza Hotel
333 John Q. Hammons Parkway
Springfield, MO 65806
417/864-7333 |
| <input type="checkbox"/> October 30, 2008
Capitol Plaza Hotel
415 West McCarty Street
Jefferson City, MO 65101
573/635-1234 | |

Participants will need to make their own hotel accommodations.