

2014 COTA Conference Registration Form

Date Taken: _____ - _____ - 2013 AM PM

By: DR ML JC _____

Date Entered: _____ - _____ - 2013 AM PM

BY: _____ (Initial)

Demographic Information (* indicates a required field)

Last Name*		First Name*		Middle Name or Initial*	
Date of Birth*	(mm/dd/yyyy)				
Institution*					
Street Address*					
City*		State*		Zip*	
Phone #*					
Email Address*					

Registration Information (* indicates a required field)

Registration Fee*	\$ _____
Dietary Restrictions	
Method of Payment*	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> IOF <input type="checkbox"/> Purchase Order
You may include credit card payment information for group registration:	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
	Card Holder Name _____
	Card Number _____ Expiration Date _____

Make checks payable to: University of Missouri-St. Louis (place COTA in the Memo)

Please use the following steps to complete your registration:

1. Print a copy of this form and mail it to:

University of Missouri-St. Louis
1 University Boulevard
JC Penney-Suite 302
St. Louis, MO 63121-4400
Attention: Diana Rehagen

2. Email a copy of this form to he.cota-ac@dhe.mo.gov

3. If you want to receive an invoice for the registration fee, please submit a Purchase Order with this registration form.