



Registration Information

(Use your tab button to move from field to field)

Institution Name:

Registrant's Information:

(please check one)

☐ Primary Registrant ☐ Alternate Registrant

Name:

Title:

Mailing Address:

City, State and Zip:

Phone:

Email:

Special Dietary Needs:

Special Accommodations Needed:

Please fax this form to 573-751-6635, email to jennifer.clemons@dhe.mo.gov or mail it to Missouri Department of Higher Education, Attn: Board Forum Registration, P. O. Box 1469, Jefferson City, MO 65102.

If you have questions or need additional information please contact Liz Coleman at 573-522-1463