



Cleft and Craniofacial Anomalies: A Interdisciplinary Perspective

March 13, 2009

7:00am - 4:45pm ~ Peachtree Banquet Center ~ Columbia, Missouri

Name	Middle		Last
Name and Degree for name tag			
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Convenient online registration or a printable version of this registration form in pdf format is available at som.missouri.edu/CME

Mail completed application and payment to:

Craniofacial Symposium University of Missouri-Columbia 2401 Lemone Industrial Blvd., DC345.00 Columbia, MO 65212

You may also FAX to [573] 882=5666

COURSE FEE: Registration- \$150

Fee includes conference materials and catered food functions.

___ I will attend the lunch being provided (Please check if attending)

By registering I give my permission to distribute my name and contact information to conference attendees and vendors. If I prefer to not be included in these distributed lists, I will include a written request with my registration for my contact information to be omitted.

Substitution Policy

If you register, but cannot attend, you may substitute another individual from you organization. A substitution must be made in writing and submitted to the CME Office.

Equal opportunity is and shall be provided to all participants in Extension programs and activities, and for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age disability or status as a Vietnam-era veteran. This policy shall not be interpreted in such a manner as to violate the legal rights of religious organizations or military organizations associated with the armed forces of the Ilnited States of America