



**BSMC V**  
**Registration Form**  
 August 3-4, 2016  
 The Doubletree Hotel at Westport  
 St. Louis, Missouri

Name \_\_\_\_\_

Stud/Company \_\_\_\_\_

Office Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Please indicate if you have any dietary restrictions? \_\_\_\_\_

If you have any disability that requires special materials or services, contact Erica Lovercamp (573) 882-4349 (Relay Missouri: 1(800) 735-2966, TTY Users; or 1(800) 735-2466 voice users)

**Registration Fees:**

**Early Bird Registration Fee** (on or before June 27, 2016) .....\$200.00 \$ \_\_\_\_\_

**Regular Registration Fee** (on or after June 28, 2016) .....\$250.00 \$ \_\_\_\_\_

**Total Amount Enclosed**..... \$ \_\_\_\_\_

Office Use Only CEIS #126845	Customer ID# _____	Receipt # _____
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**How to Register:**

- **Mail** complete forms & payment to: Boar Stud Managers Conference, MU Conference Office, 344 Hearnes Center, Columbia, MO 65211
- **Phone** by calling (573) 882- 4349 or toll-free at 1(866) 682-6663 with credit card information
- **Fax** completed forms with credit card information to: (573) 882-1953
- **Register on-line:** <http://bsmc.missouri.edu/>
- **NOTE:** Credit Card payments will **NOT** be accepted by e-mail. Any credit card information included in emails will be deleted, and will not be processed. You may send credit card information by mail, fax, or telephone.
- For those who prefer electronic transfer contact Tim Safranski at safranskit@missouri.edu for details.

**Payment Methods:**

- Make **checks** payable to: University of Missouri
- Purchase order** (signed purchase order must be included with registration form)
- Credit Card:**  MasterCard  Visa  Discover  AMEX

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Address if different from registrant \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_