

AGCMO/MoDOT ANNUAL CO-OP MEETING REGISTRATION FORM

December 7-8, 2023 @ The Lodge of Four Seasons, Lake Ozark, MO

MEETING REGISTRATION/S:

FOR PLANNING PURPOSES, PLEASE "✓" SESSION/MEAL FUNCTION FOR EACH REGISTRANT.

AGCMO Member: \$155 per person
DBE Firms: \$155 per person
Non-AGCMO Member: \$298 per person
Special Dietary Needs? Contact Cheryl, 573.636.3189 or cgentges@agcmo.org

					Lunch (Dec. 7)															

Name(s) (Print Clearly - Duplicate as necessary)

1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					

EVENT SPONSORSHIP/S:

Yes, our company will help underwrite the cost of the Annual Co-op meeting. We will contribute:

\$350*
BREAK SPONSOR

\$600**
RECEPTION/BAR SPONSOR

\$1100***
CONFERENCE SPONSOR

* Includes signage at all refreshment stations; recognition in program. (DEADLINE: NOV 22)
 ** Includes signage at Thurs, Dec 8 Reception food and bars; recognition in program. (DEADLINE: NOV 22)
 *** Includes two (2) meeting registrations; logo on signage/on-site; recognition in program (DEADLINE: NOV 22)

EXHIBIT BOOTH/S

Yes, our company will have an Exhibit Booth (Includes table top, two chairs, wastebasket and electricity. **Additional A/V is at your expense.**) Booth to be set up during Dec 7 Lunch & Reception and Dec 8 Breakfast and General Session. Includes two (2) mtg registrations.

\$975

TOTAL AMOUNT DUE:

Total Registrant/s _____	x \$155 (AGCMO Member / DBE Firms) OR x \$298 (Non-Member)		\$ _____	
	Sponsorship	+	\$ _____	
	Exhibit Booth	+	\$ _____	
	TOTAL DUE:	=	\$ _____	

(No Refunds after November 30.)

DBE Registrants:
 Please "✓" box if your firm is DBE Certified:

PAYMENT IS REQUIRED WITH REGISTRATION:

- Enclosed check payable to AGC of Missouri, 6330 Knox Industrial Drive, Suite 200, St. Louis, MO 63139
- Credit card payment: American Express Visa MasterCard Discover

Card # _____ - _____ - _____ - _____ Security Code _____ Expiration Date ____ / ____

Name on Card _____

Phone _____

Company _____

Email* _____

Billing Zip Code for Card _____

*After credit card has been processed, receipt will be emailed to above.

Authorized Signature _____

QUESTIONS?

Cheryl Gentges @ 573.636.3189

SEND REGISTRATION TO:

cgentges@agcmo.org OR AGC of Missouri
 kbax@agcmo.org 1221 Jefferson Street
 FAX: 573.634.3510 Jefferson City, MO 65109