

**16<sup>th</sup> ANNUAL CHARACTER EDUCATION CONFERENCE  
MEMBER DISTRICT GROUP REGISTRATION FORM**



Member District Name \_\_\_\_\_

*Please write legibly and fill out completely. Confirmation will be sent by email only.  
Fax to B. Levin at 314-692-9788 or mail to 1460 Craig Rd., St. Louis, MO 63146*

First Name	Last Name	Nickname	Mr./Ms. Dr. (circle one)
Home Address	City, State, Zip	Home Phone/Cell #	
School Name	Position/Title		
School Address	City, State, Zip		
School Phone #	School email address	Home email address	
Fax #			
<input type="checkbox"/> C+ Member District Scholarship	or	Bill To:	PO#:

First Name	Last Name	Nickname	Mr./Ms. Dr. (circle one)
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