

**REGISTRATION FORM - 58<sup>TH</sup> ANNUAL CONVENTION**  
**June 26-29, 2005**  
**Clarion Hotel At the Palace**  
**2820 W. Highway 76, Branson, Missouri 65615**  
**Phone - 1-800-725-2236**

Mail to: MAPA, P.O. BOX 907, CARTHAGE, MS 39051-0907

Phone: 1-800-321-1276  
 Fax: 1-601-267-4887

Member's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Other Attendees/Guests

Name	Relationship	Age	M or F

**REGISTRATION FEES:**

Full registration - members ( CPE and all events except Tabuchi show ) \_\_\_\_\_ @ \$ 175.00 = \$ \_\_\_\_\_  
 Full registration - non-members \_\_\_\_\_ @ \$ 200.00 = \$ \_\_\_\_\_  
 Spouses and Guests (no CPE): \_\_\_\_\_ @ \$ 50.00 = \$ \_\_\_\_\_  
 Children 12 and under \_\_\_\_\_ @ \$ 30.00= \$ \_\_\_\_\_  
 Tabuchi show tickets - Adults \_\_\_\_\_ @ \$ 39.00 = \$ \_\_\_\_\_  
 Tabuchi show tickets - children 12 and under \_\_\_\_\_ @ \$ 22.00= \$ \_\_\_\_\_  
**TOTAL DUE - MAKE CHECKS PAYABLE TO MAPA** \$ \_\_\_\_\_

**IF USING A CREDIT CARD WE MUST HAVE THE BILLING ADDRESS ZIP CODE** \_\_\_\_\_

CHARGE TO MY  VISA  MASTERCARD

Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_

(Required when using credit card)