

MISSOURI ASSOCIATION OF SCHOOL BUSINESS OFFICIALS
58th SPRING CONFERENCE
BUSINESS ASSOCIATE INFORMATION SHEET
APRIL 28-30, 2010

Please read this information before completing the attached forms

The 2010 Annual MoASBO Spring Conference is scheduled for April 28-30, and we are looking forward to your participation. The conference will again be held at The Resort at Port Arrowhead, Lake Ozark, MO. We believe this year's event will be as successful as in previous years, and we encourage you to participate in as many functions as possible.

In visiting with my counterparts from other states who have a comparable membership size, MoASBO provides absolutely the best "bang for your marketing buck". We have been able to keep the cost to our associate members low due to your willingness to sponsor the various activities that we have during the conference. I trust your continued participation will enable us to keep our costs competitive for you.

This year the functions will be structured as in the past. Thursday evening we have tentatively scheduled some entertainment. We are hopeful that you will participate in this event and if you have a hospitality room that you will remain open. **Remember:** your participation in the Conference Mixer on Wednesday evening and the meals offered will give you the best opportunity to meet and socialize with others attending the conference.

This package contains several forms that you will need to review and complete. **All forms, unless noted otherwise are due not later than March 5. For your convenience, there is one form where you can combine all your payments or you can pay individually on each form.**

1. BUSINESS ASSOCIATE REGISTRATION FORMS:

Complete the registration following the instructions provided on the form. Conference registration forms should be mailed with payment to the address shown at the bottom of that form. Again, this form is not for hospitality rooms. Associate members are encouraged to make sleeping room reservations at the motels listed on the form. Please do not book sleeping rooms at the Resort at Port Arrowhead.

2. HOSPITALITY ROOMS RESERVATION FORM:

Hospitality rooms are optional. Any Associate Member wanting to host a hospitality room is required to reserve the room for both Wednesday and Thursday nights. The non-refundable deposit for the two nights is payable to MoASBO in advance with the Hospitality Room Reservation form. The cost for the rooms and dates by which the payments are due is listed on the form.

Hospitality Room Assignments: All Associate Members who had a hospitality room during the 2009 Conference and wish to maintain that room assignment for the 2010 Conference must forward to MoASBO the Hospitality Room form and payment for the nights desired by **Friday, March 5, 2010**. New room requests will be assigned based on availability following the 5th. If you did not have a hospitality room during the 2009 Conference and would like to reserve a room for 2010, complete all forms as requested, attach payment, and forward to the MoASBO office. If no rooms become available, you will receive a full refund for the room.

The MoASBO Board of Directors and Conference Committee are encouraging all Hospitality Rooms to be closed during the Wednesday mixer and open immediately following the event. We also recommend that rooms be open during and following the Thursday night activity. Our hope is to improve participation in these two events and as well as attendance in your rooms.

3. OFFICIAL CONFERENCE GUIDE ADVERTISEMENT FORM:

This form also contains the costs associated with various sizes of ads that will be in our official Spring Conference Program Guide. Please complete this form and return it to me not later than March 5.

List of Attendees: MoASBO will provide a list of conference attendees for a fee of \$30. This list will contain only Active Members who have registered by **April 5**. In Excel format. The list will provide information that will allow you to produce a mailing list. You will receive the list by e-mail not later than April 9. **Be sure to provide an accurate e-mail address, and return with payment.** If you are interested in receiving this data return your information to me by March 5.

4. CONFERENCE ACTIVITIES SPONSORSHIPS

During our Spring Conference associate members assist MoASBO in sponsoring many of our conference activities. Sponsorships are available for **lanyards, tote bags, meals, breaks, the Wednesday night mixer, the Thursday night activity and entertainment.** If your company would like to sponsor or co-sponsor an event or purchase a conference item to advertise your company, indicate the activity or product you want to sponsor and return the form to me.

Recognition of your sponsorship will be provided at the event, on the item, and in the Conference Guide.

5. GOLF TOURNAMENT SPONSORSHIP FORM

Profits from the tournament go to sponsor the President's Scholarship Fund. This form is for you to help sponsor the event and to register you and or a team(s) for the tournament. Payment for participation in the golf tournament and sponsorship of tournament activities must be made separate from other conference activities. See the Golf Tournament information form for payment instructions.

As in the past, the tournament is a 4-man scramble. This year the golf tournament will be held on Friday, April 30 at the Tan-Tar-A Oaks Golf Course. For the first time we will have a lunch beginning 11:30 a.m. with the tournament beginning at 1:00 p.m. Then, following the tournament we will have an awards program.

This will be the first year we have held the tournament after the conference and we think this change will improve the quality of the conference and the tournament

If you have questions about any of the forms or about any aspect of the conference please contact me. Best wishes and I will look forward to seeing you at the conference.

Mark D. Leech
Executive Director

58th MoASBO ANNUAL CONFERENCE
*****BUSINESS ASSOCIATES*****
INVOICE & REGISTRATION FORM
April 28-30, 2010
The Resort at Port Arrowhead, Lake Ozark, Missouri

(Complete all requested information)

Company Name: _____

Name of Associate Member: _____

First name to appear on badge: _____

Street Address: _____

City/State/Zip _____

Telephone: _____ Fax: _____

E-mail Address: _____

Is this your first conference? Yes No

Full name of spouse, if attending: _____

A. Your Registration (Associate Member)

Before April 5 --- \$195.00 _____

After April 5 ----- \$220.00 _____

B. Additional Company Representatives (List)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(For additional names list on an attached page)

Total Additional Reps. x \$70.00 ea. _____

C. Dues for 2010-11 @ \$75.00 _____

Total Remitted for Items A-C \$ _____

Payment Options: Visa Master Card

Check Enclosed Check No. _____

Card Holder's Name: _____

Address if different than above _____

Account Number: _____

Security code _____ Expiration: _____

Authorized Total Amount: _____ Date _____

Signature: _____

Return a copy of this completed registration form along with credit card information or check made payable to MoASBO:

Mail to: Mark Leech, Executive Director MoASBO
 203 Prairie Ridge Drive
 Hermann, MO 65041
 Fax-573-252-4879

If you have questions about the registration, please email mleech@moasbo.org or call 573-252-4879.

ADDITIONAL INFORMATION AND INSTRUCTIONS

REGISTRATION: All Business Associates and company representatives who attend the conference must register. Complete all appropriate lines as requested. This information will be used for conference name badges and to update the association's database. This form is not for hospitality rooms. That information is on an accompanying form.

Items A – C: Fill in all appropriate amounts and total. This form is to serve as the organization's **INVOICE** for this event. Provide check or credit card information for payment. **Participation in conference activities will require pre-payment.**

Item C Membership: Dues for 2010-11 may be paid at this time. Membership renewal will be due **July 1, 2010**, and to simplify the process MoASBO is encouraging you to renew now. It will save processing time and the writing of an additional check in the near future.

Sleeping room reservations are your responsibility. Room blocks have been reserved at the following locations: The Baymont Hotel, 866-365-2700; Country Club Hotel & Spa, 800-964-6698; Country Hearth Inn & Suites, 866-889-4566; and Quail's Nest, 800-700-1006; however there are several other motels in close proximity to the conference headquarters.

SHUTTLE SERVICE will be available to and from the motels and the conference headquarters. Check the conference program for pick-up locations. The service will begin at 6:30 a.m. each day and will run continuously through late evening.

Refund Policy for Conference Registration: A full refund will be made, less a \$15 service charge, if cancellation is made prior to April 5. After April 5, a full refund, less a \$25 service charge, will be made. **NO REFUNDS** if not notified prior to April 16th.

Office Use Only:
 Date Receive : _____
 Amt. Received: _____
 Confirmation Date: _____

HOSPITALITY ROOM RESERVATION FORM

The Resort at Port Arrowhead

MoASBO SPRING CONFERENCE: APRIL 28-30, 2010

Hospitality rooms are optional for our Business Associates and are limited in number (see information sheet). If you wish to reserve a hospitality room, it must be done by completing the following information.

THIS FORM AND FULL PAYMENT MUST BE RETURNED BY MARCH 5, 2010, TO GUARANTEE YOUR ROOM.

BUSINESS ASSOCIATE INFORMATION

COMPANY NAME: _____

Name of Associate Member or Contact Person: _____

Mailing Address: _____

Business Phone: _____ Business Fax: _____

E-mail Address to receive confirmation: _____

ROOM RESERVATION

Wednesday, April 28, and Thursday, April 29 (2 nights) ----- **\$210.00** _____

(Check-in on Wednesday after 1:00 P.M.)

OR

Tuesday, April 27 through Thursday, April 29 (3 nights) ----- **\$315.00** _____

ROOM ARRANGEMENTS

To expedite the opening of your Hospitality Room, please provide the following information which will be forwarded on to the motel:

Beds will need to be removed from the room: Yes _____ No _____ (A fee will be charged for this service and charged at the time of checkout)

I will need the following additional tables for the room: 6' _____ 8'x 18" _____ 8'x 30" _____

I will need the following additional chairs for the room: _____

Important Note: All activities and displays pertaining to your company representation must be kept within your hospitality room. NO displays or machines should be used that require high amp power draws unless you make arrangements through The Resort in advance to provide alternate power. (This includes margarita and popcorn machines.)

The catering department has an excellent selection of food and beverage items and would be happy to provide you a menu and assistance with all your needs. You may call 1-800-532-3575 to talk to one of the catering professionals. (Payment for all additional services will be payable to The Resort at the time of checkout.)

Payment Options: Visa Master Card Check Enclosed Check No. _____

Card Holder's Name: _____

Account Number: _____ Expiration: _____ Security Code _____

Authorized Total Amount: _____ Date: _____

Signature: _____

If paying by check make payable to MoASBO and return to the address provided on the registration form. Cash will not be accepted. If you have any questions, call 573-252-4879

Office Use Only:

Date Received: _____ Amt. Received: _____ Confirmation Date: _____

Spring Conference Program Advertisement Order Form

The Missouri Association of School Business Officials is again providing our Business Associate members the opportunity to advertise in the Spring Conference Program for 2010. As you read through this letter, consider the following: participation in the MoASBO Spring Conference has grown to over 800 school district members that represent a major portion of Missouri districts. I believe if you choose to advertise, it will be of benefit to your company.

The program will be printed in an 8 1/2" by 11" format, black and white with a colored front and back cover. Ad space will be available in 1/3 page, 1/2 page, horizontal format only, and full page. Ad space in the program will be limited to six pages. Orders received first will receive priority consideration until the space is filled. Orders must be received by **March 5, 2010**.

If you are interested in purchasing ad space, please complete the information below and fax or mail to the address provided. Following receipt of this form, you will be notified that your ad has been accepted. You can then forward the ad electronically in a pdf format to me at mleech@moasbo.org. Payment can be made with check or credit card with this order, or you can check the box below to be invoiced following notification that your ad was accepted. If your ad is not accepted because of space constraints and you sent payment with the order, it will be returned.

Company Name: _____

Contact Person: _____

Business Address: _____

City / State / Zip: _____ **E-Mail Address:** _____

To purchase ad space in the Spring Conference Program, please review and complete the following:

Program Advertisement:

1/3 Page (3 1/2 high x 7 1/2)	\$185.00 _____
1/2 Page (5 high x 7 1/2) or (3 1/2 x 10)	\$235.00 _____
Full Page (10 high x 7 1/2)	\$450.00 _____
Total -----	-----\$ _____

Payment Options: Visa Master Card Check Enclosed Check No. _____
Card Holder's Name: _____

Account Number: _____ Expiration: _____

Authorized Total Amount: _____ Date: _____ Security Code _____

Signature: _____

Make check payable to MoASBO and mail to:

Mark Leech, Executive Director

MoASBO

203 Prairie Ridge Drive

Hermann, MO 65041

Fax 573-252-4879

Office Use Only: Received _____ Amount _____ Check Number _____

Conference Sponsorship Order Form

MoASBO is making a request to our Business Associate Members for additional assistance and participation in this year's conference. Below we have listed several items and events for which you can feature your company. Mark the item of interest and return this form by March 5.

- Lanyard/name badges** with your company name or logo to hold each participants name badge \$2.00 per badge – anticipate 900 attendees.
Sponsored Amount \$_____.
- Tote Bag** displaying your company name or logo for each participant you provide or MoASBO will order with your logo at approximately \$2.00 per bag.
Sponsored Amount \$_____.
- Refreshments** for a break between workshop sessions. Approximately \$1,400 per day.
Sponsored Amount \$_____.
- Wednesday Lunch** \$12 per attendee. Anticipate 450 attendees.
Sponsored Amount \$_____.
- **Wednesday night mixer** – approximately \$6,000.00
Sponsored Amount \$_____.
- Thursday Breakfast** \$11 per attendee. Anticipate 325 attendees
Sponsored Amount \$_____.
- Thursday Lunch** \$12 per attendee. Anticipate 500 attendees.
Sponsored Amount \$_____.
- Thursday Evening BBQ and Social** \$12 per attendee. Anticipate 300 attendees.
Sponsored Amount \$_____.
- Friday Breakfast** \$11.50 per attendee. Anticipate 185 attendees.
Sponsored Amount \$_____.
- List of Active-Member Attendees as of April 5. List will be in Excel format and the cost is \$30.00.
- Conference give-a-ways for tote bags. I must receive your give-a-way items not later than April 5.

TOTAL AMOUNT FOR EVENTS SPONSORED \$_____

Company Name: _____
Contact Person: _____
Business Address: _____
City / State / Zip: _____ **E-Mail Address:** _____

Payment Options: Visa Master Card Check Enclosed Check No. _____
Card Holder's Name: _____
Account Number: _____ Expiration: _____
Authorized Total Amount: _____ Date: _____ Security Code _____
Signature: _____

Fax and mailing address:

Mark Leech, Executive Director
MoASBO
203 Prairie Ridge Drive
Hermann, MO 65041
Phone/Fax 573-252-4879

Office Use Only:

Date Receive _____

Amt Receive _____

COMBINED PAYMENT FORM

Payments for Registration, Hospitality Room Reservation, Advertising in the Conference Program Guide, and Attendees' list, and Sponsorship Opportunities (depending on the policies of your company) may be combined and made payable to MoASBO. If you use this combined form, make sure you return the individual forms associated with each activity in which you wish to participate.

Total conference Registration	\$ _____
Total 2010-2011 – Membership Fee	\$ _____
Total Hospitality Room Registration	\$ _____
Total for Advertising in the Spring Conference Program Guide	\$ _____
Total for List of Attendees registered by April 5 (\$30.00 per list)	\$ _____
Total from Conference Sponsorship Order Form	\$ _____
GRAND TOTAL	\$ _____

Company Name: _____

Contact Person: _____

Business Address: _____

City / State / Zip: _____ **E-Mail Address:** _____

Payment Options: Visa Master Card Check Enclosed Check No. _____

Card Holder's Name: _____

Account Number: _____ Expiration: _____ Security Code _____

Authorized Total Amount: _____ Date: _____

Signature: _____

If using this combined form for your combined payment, be sure to return all of the individual forms for which you are making a payment.

Fax and mailing address:

Mark Leech, Executive Director
MoASBO
203 Prairie Ridge Drive
Hermann, MO 65041
Phone/Fax 573-252-4879

Office Use Only:

Date Receive _____

Amt Receive _____

MoASBO President's Scholarship Golf Tournament

The Oaks at Tan-Tar-A

Friday, April 30, 2010

1:00 p.m. Shotgun Start

(Call course for directions – 573-348-8535)

FOUR PERSON SCRAMBLE

Each tournament participant must be a current member of MoASBO (Active, Educational, Emeritus, or Business Associate Member), or a Business Representative registered for the conference.

Profits from our annual golf tournament go to help sponsor the President's Scholarship Fund. The tournament is a 4-man scramble with a cost of \$70 per player. This year the golf tournament will be held on Friday, April 30 at the Tan-Tar-A Oaks Golf Course. Lunch at 11:30 a.m. in the club house with the tournament beginning at 1:00 p.m.

Player Registration: \$70 Per Player

Player 1) _____ E-mail Address: _____

Player 2) _____ E-mail Address: _____

Player 3) _____ E-mail Address: _____

Player 4) _____ E-mail Address: _____

(Individuals and teams with fewer than four will be combined to make a complete team)

SPONSORSHIP OPPORTUNITIES

Total payment for Golf participants \$ _____

Lunch - \$8.50 per person – Anticipate 132 -144 players.

Lunch Amount Sponsored \$ _____

Hole Sponsors - \$150.00 per hole. A sign with your company's name will be placed on the tee box of the hole(s).

Amount Sponsored \$ _____.

Closest to the Hole and designated hole (\$50.00) \$ _____

Longest Drive on designated hole (\$50.00) \$ _____

Longest Putt on designated hole (\$50.00) \$ _____

Total Amount \$ _____

Refreshments on the Course – Let me know if you would like to provide refreshments for the players during the tournament.

Give-a-ways – If you have items you would like to give each player prior to beginning of play, let me know what the items are. Examples would be golf balls, towels, tees, etc.

Door Prize Drawings – Let me know if you have items for door prizes to be given during the awards presentation.

During the awards ceremony following the tournament we will recognize all associate members who sponsored the lunch, holes, give aways, and door prizes

Make checks payable to MoASBO Scholarship Fund. We can only accept checks for this event and sponsorships. No credit cards will be accepted.

CONFIRMATION OF REGISTRATION will be made through e-mail so please provide addresses.

Refund only if course is closed prior to start of tournament

Send registration and payment by April 2, 2010. Make check payable to MoASBO Scholarship Fund. Slots are limited and only paid registrants will be paired. Mail to:

Mailing address:

Mark Leech, Executive Director
MoASBO
203 Prairie Ridge Drive
Hermann, MO 65041
Phone/Fax 573-252-4879

Office Use Only:

Date Receive _____

Amt Receive _____