



Volunteer Registration Form

As a volunteer, you are asked to donate a minimum of 3 hours of your time during the conference (December, 2009). Each volunteer will be given an assignment assisting one of the committees and we will do everything possible to make your assignment to the committee indicated when you register as a volunteer.

Please fill out the information below and return this form to scutbirth@missouristate.edu
Or (fax) 417-829-5072

Name

School/Organization

Position

Mailing Address: Please indicate ___Home ___Work

Home Phone

Work Phone

Cell Phone

Email Address

Committee Request: In what way would you like to volunteer? Please indicate choices with an "X" (2 choices).

___ Hospitality – provides welcoming and hospitality services supporting attendees

___ Program – manages facilitator/presenter tables, coordinators speaker room

___ Operations – manages logistical arrangements for all events

___ Registration – preparation and distribution of conference materials, assist attendees with questions

___ Exhibits – oversees exhibit hall activities

___ Publicity and Student Presence – contributes content for daily conference newsletter, facilitates students participation and recognition

Day/Time Period Preference (Please indicate choices with an "X")

___ Friday ___ Saturday ___ Sunday ___ Monday ___ Tuesday ___ Wednesday

___ AM or ___ PM