

10th Hispanic Day at Jefferson City

Wednesday, February 23, 2011

Registration Form

Participant (Delegate)

Organization: _____

Name: _____ Title: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____ E-Mail: _____

House District No.: _____ Senate District No.: _____

Note: Visit this site for district maps: <http://www.house.mo.gov/content.aspx?info=/maps/maps.htm>
<http://www.senate.mo.gov/pdf-maps/newdistricts.htm>

Information

Please mark with an X each item that applies:

I will attend the Hispanic Day at Jefferson City, Wednesday, February 23, 2011

I will attend the Reception on Tuesday, February 22, 2011

Payment

I have enclosed \$10 for breakfast and lunch at Hispanic Day (required).

If paying by credit card, write down acct. number, exp. date and security code.

MasterCard Visa Account No. _____
Expiration Date: _____ Security Code: _____

Otherwise, go to www.hlgstl.org to make secure credit card payment with PayPal .

Please e-mail (preferred) or send by postal delivery to:

Hispanic Capitol Day, Inc.
Attn: President
P.O. Box 838
St. Louis, MO 63188

Email: hispanicleadersgroup@gmail.com