

**To Register, Complete the form below OR
register AND pay online at
www.capamo.org**

Registration includes a free tumbler! →



Name: _____

Company Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Phone: _____ **E-Mail:** _____

**A separate registration form is required for EACH attendee.
Make checks payable to: SHRM of SEMO**

**If mailing a check, send to:
City of Sikeston
Attention: Karen Bailey
105 E. Center
Sikeston, MO 63801**

**ALL Registrations
DUE APRIL 12th!!**