



# LAGERS Annual Meeting Delegate Registration Form

October 20-21, 2016

Registration Deadline: October 3, 2016

MISSOURI LOCAL GOVERNMENT  
EMPLOYEES' RETIREMENT SYSTEM

## EMPLOYER DELEGATE REGISTRATION

Appointed by local Governing Body

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

<u>Fee Type</u>	<u>Number</u>	<u>Amount (\$)</u>
Delegate Fee (\$75)	1	\$ 75.00
Guest Attending?(Y?N)	_____	No Cost

*Guest is a non-LAGERS member who wishes to attend the reception and breakfast.*

## MEMBER DELEGATE REGISTRATION

Elected by Employees

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

<u>Fee Type</u>	<u>Number</u>	<u>Amount (\$)</u>
Delegate Fee (\$75)	1	\$ 75.00
Guest Attending?(Y?N)	_____	No Cost

*Guest is a non-LAGERS member who wishes to attend the reception and breakfast.*

Employer Delegate Fee (if any): \_\_\_\_\_

Member Delegate Fee (if any): + \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

## PAYMENT AUTHORIZATION

I have attached a check for the Grand Total amount with this registration.

I would like to pay with credit card via an electronic invoice.

E-Mail address to send invoice: \_\_\_\_\_

**NOTE: DO NOT INCLUDE THIS REGISTRATION FEE WITH YOUR MONTHLY CONTRIBUTIONS**

## DELEGATE CERTIFICATION

I certify that in accordance with Section 70.605.6 (RSMo) the listed employer and/or member delegate(s) have been appointed and/or elected for the 49th Annual Meeting of the Missouri Local Government Employees Retirement System.

\_\_\_\_\_ Printed Name \_\_\_\_\_

Signature of Employer Official (Member delegate may NOT sign)

Title: \_\_\_\_\_ Name of Employer \_\_\_\_\_

Please send completed form to:

Fax: 573-632-6389

Email: info@molagers.org

Mail: MO LAGERS

Annual Meeting Registration

P.O. Box 1665

Jefferson City, MO 65102