The Missouri Bluebird Society invites you attend the

2024 Missouri Bluebird Conference

July 12th– 14th

Hannibal– LaGrange University 2800 Palmyra Rd, Hannibal, MO 63401

For directions please call 573-221-3675 or go to www.hlg.edu

For conference information contact Joe 573-754-0243 or Linda 573-754-0249 or Steve & Regina 573-638-2473

Registration for the 2024 Missouri Bluebird Society Conference

***Please make Checks payable to**: The Missouri Bluebird Society*

*And **mail to***: Missouri Bluebird Society/ P.O. BOX 105830 /Jefferson City, MO 65110 ***Deadline to register 6/28/24***

Name(s)

_____

_____

Street Address : _____

City:_____**State:**_____ **Zip Code**_____

Phone Number_____ Email :_____ _____

Registration for Saturday Presentations includes lunch and a "Bluebird Information Packet", as well as a Saturday morning bird walk and Sunday morning field trip. There is an optional Friday evening "Bluebird Banquet". There is also an optional Saturday evening Social which includes a light meal with ice cream sundaes and a presentation and walk to the Sodalis "bat cave"!

Friday evening Bluebird Banquet (Program with dinner included) 7/12/24

(member)_____ X $30.00/person $_____

(non-member) _____X $35.00/person $_____

Saturday, 7/13 Conf. Presentations -Lunch included. (member) _____ X $20.00/person $_____

(non-member) _____ X $25.00/person $_____

Saturday evening social 7/13/24—light meal included

(members/ non-members) _____ $15.00/person $_____

***7/13/24 Children under 12 years of age** with a paid adult (total children)* ___X $14.00/ child = $____

TOTAL amount enclosed for all Conference fees $_____

Special Meal requests:

Vegetarian meals (y/n) How Many? _____

Food allergies (specify) _____

Deadline to register 6/28/24

Please Note that the conference registration fee does NOT include membership dues

Not yet a Missouri Bluebird Society Member???

Join now and save on your Bluebird Conference Registration Fee! (Please enclose check for dues with this membership application)

Name_____

Address_____

_____

Phone_____

Email:_____

Total $ amount enclosed for Membership Dues: $_____

Membership Levels:

(Mail check to: PO Box 105830/Jefferson City, MO 65110)

____Individual one year membership $9.00

____Individual two year membership $16.00

____Family one year membership $15.00

____ Family two year membership $28.00

____DONOR (Annual) $50.00

____SUPPORTER (Annual) $100.00

____**Life Membership** (family) **$175.00**

____**Senior (65+) Life Membership** (family) **$100.00**

County_____