



DIFP
 Department of Insurance,
 Financial Institutions &
 Professional Registration

Autism Insurance Provider Summit REGISTRATION FORM

insurance.mo.gov

Autism Insurance Provider Summit

Host Missouri Department of Insurance, Financial Institutions and Professional Registration

Time, date 9 a.m. to 2:30 p.m. Friday, Dec. 2

Location Harry S Truman State Office Building, Conference Room 850
 301 W. High St., Jefferson City

Fee None

December 2011							1	2	3
4	5	6	7	8	9	10			
11	12	13	14	15	16	17			
18	19	20	21	22	23	24			
25	26	27	28	29	30	31			

TO REGISTER, PLEASE COMPLETE THIS FORM AND RETURN IT TO (choose one):

EMAIL: Hit "Save" button in upper right corner. Attach this saved form in an email to Mayme.Young@difp.mo.gov.

FAX: 573-751-1165

MAIL: Missouri DIFP, Attn: Mayme Young, PO Box 690, Jefferson City, MO 65102

PLEASE PRINT, TYPE OR WRITE CLEARLY IN BLACK OR BLUE INK

NAME _____
 LAST FIRST

COMPANY or ORGANIZATION _____

MAILING ADDRESS _____
 STREET CITY STATE ZIP CODE

DAY PHONE _____ **EMAIL** _____

(OPTIONAL) What topics or information would you like addressed at this summit? _____

If you have questions, or need special accommodations due to a disability, please contact us at 573-751-4126. You also may visit our website at insurance.mo.gov/consumers/autismFAQ/.