



**2016 Spring Conference
Registration**



Basic Information:

Name of your Inn: _____

Number of people attending: _____

Name(s) of those attending: _____

E-mail address for acknowledgement: _____

Select your type of BBIM membership: (Please check only one box)

- | | |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Inn Member | <input type="checkbox"/> Vendor Member |
| <input type="checkbox"/> Applicant for Full Membership | <input type="checkbox"/> Friend of BBIM |
| <input type="checkbox"/> Aspiring Member | <input type="checkbox"/> Not a BBIM member |

Complete the following if you are NOT currently a BBIM member:

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip code: _____

Contact phone: () _____

Web address: _____

Payment:

Please make check for \$25 (**per person**) payable to BBIM and mail along with your completed registration to:

Bed and Breakfast Inns of Missouri
P.O. Box 7
Washington, MO 63090-0007

Thank you for your support of this BBIM Event