

# Advocating for Tomorrow

## legislative day

Advocate March 27, 2019



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

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

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

Registered Voting Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Visit [House.mo.gov](http://House.mo.gov) or [Senate.mo.gov](http://Senate.mo.gov) to find your legislators:

My State Rep. is: \_\_\_\_\_

My State Senator is: \_\_\_\_\_

### Dietary Needs

Please list below any dietary needs you have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Boxed Lunch Options

TURKEY     ROAST BEEF

HAM     VEGGIE

### Questions?

Contact Robyn Silvey at 573-636-7522 ext. 227  
or [robyn@morx.com](mailto:robyn@morx.com)

Missouri Pharmacy Association c/o Legislative Day

211 East Capitol Avenue

Jefferson City, MO 65101

P: 573.636.7522    F: 573.636.7485

### Who Are You?

PHARMACIST     TECHNICIAN

STUDENT     OTHER

### Student Shadowing:

Yes, I would like to have pharmacy students shadow me during legislator visits.

No, I do not want students to shadow me during legislative visits.

### Registration fees

MPA Member: \_\_\_\_\_  \$59

Non MPA Member: \_\_\_\_\_  \$89

Pharmacy Students: \_\_\_\_\_  FREE

**TOTAL:**

### Payment Information

Check to the Missouri Pharmacy Association is enclosed.

Credit Card:     VISA     MASTER CARD

DISCOVER     AMERICAN EXPRESS

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

