



**AGC/MO**

**CARSON & COIL**

**MLPA**

**MAPA**

**MCA**

## SEMINAR REGISTRATION FORM

# NEW MECHANICS LIEN REQUIREMENTS FOR "RESIDENTIAL DEVELOPMENTS"

**FRIDAY, SEPTEMBER 10**

**9:30 AM – 12:00 Noon**

**Truman Hotel, Jefferson City**

**Cost: \$75 (Member Price) \$150 (Non-Member Price)**

Our Company is a member of (check all that apply) \_\_\_AGC \_\_\_MLPA \_\_\_MAPA \_\_\_MCA

Our Company is not a member of any of these associations.

*There is limited space! Registrations accepted on a "first come first served" basis.*

### PLEASE REGISTER THE FOLLOWING ATTENDEES:

### COST:

	Name(s) – <i>please print</i>
1	
2	
3	
4	

Total Registered	_____
Member Company	
\$75 X _____ = _____	
# registered	
Non-Member Company	
\$150 X _____ = _____	
# registered	
<b>TOTAL COST</b>	<b>= _____</b>

*(Copy form for additional registrations.)*

Continuing Education Credits for Professional Engineers = 2.5 PDH

### Payment Method:

- Check Enclosed (Payable to AGC of Missouri)
- Send Invoice
- Charge Credit Card: (MasterCard or VISA)

Card #: _____
Name: _____
Expiration Date: _____

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

Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Return by SEPT. 1 to: AGC/MO, PO Box 94, Jefferson City, MO 65102; Fax: 573-634-3510  
or e-mail your response to [dmassman@agcmo.org](mailto:dmassman@agcmo.org)**

8/12/10

**NOTE: Submit any questions you would like addressed in the seminar on the attached.**

## QUESTIONS FOR PRESENTERS

### Mechanics Lien Seminar – Friday, September 10

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I would like to see the following questions about the new mechanics lien law addressed in the seminar:

- 1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Add additional questions on separate sheet.)*

Please return your questions for the attorneys presenting the seminar with your registration by September 1.

Name \* \_\_\_\_\_

Company \* \_\_\_\_\_

Phone \* \_\_\_\_\_ e-mail \* \_\_\_\_\_

*\* Optional. However, will allow us to contact you should we not understand your question.*

Return by SEPT. 1 to [dmassman@agcmo.org](mailto:dmassman@agcmo.org) or Fax: 573-634-3510