



Medicaid Fraud Control Unit: Protecting Elders and Vulnerable Persons from Abuse and Neglect

May 20, 2024 – Lunch & Learn Virtual Event
12:00pm – 1:00pm

Registration Form

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Additional Attendees:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Registration Fee:

Member - \$25 _____

Non-member - \$40 _____

Total Enclosed: _____

Return registration form and payment by
5/15/2024, by mail, email, or fax to:
MoNAELA 2420 Hyde Park Rd, Ste A
Jefferson City, MO 65109
info@monaela.org or fax: 573-634-4374

Credit Card Payment Information:

Name as it appears on card: _____

CC#: _____

Visa MC Discover American Express

Billing Address: _____

City: _____ State: _____ Zip: _____

Expiration Date: _____ CVC(3-digit security code): _____

Signature: _____