

MISSOURI PHYSICAL THERAPY ASSOCIATION

DEPOSIT REQUEST

DIRECTIONS: Complete each item carefully and mail your completed deposit request to:

MPTA
205 East Capitol, Suite 100
Jefferson City, MO 65101
(573) 556-6730 Fax: (573) 556-6731

<u>DEPOSITS</u>	<u>CODE</u>	<u>AMOUNTS</u>
CHAPTER DUES	300	_____
PUBLICATION SPONSOR	301	_____
YOUCHUM MEMORIAL SCHOLARSHIP	302	_____
CEU CO-SPONSORSHIP	303	_____
STATE MEETING REGISTRATION	304	_____
STATE MEETING EXHIBITORS	305	_____
STATE MEETING SPONSORS	306	_____
STATE MEETING - OTHER	309	_____
PUBLIC RELATIONS	308	_____
REGIONAL SEMINAR REGISTRATION	321	_____
INTEREST	309	_____
MISCELLANEOUS	311	_____
LABEL SALE	312	_____
OTHER	_____	_____

Officer, Committee, or District Name and Number: _____

TOTAL DEPOSIT \$ _____

Signature _____ Date _____

For CPA Use

Initial

Deposit Date

Credit Card Deposit

Initial

Deposit Date