



Attendee Registration Form

Name: _____ Title: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

License Number for Continuing Education: _____

Check All That Apply:

_____ \$200 MASI Member Registration Fee

_____ \$300 NON-MEMBER Registration Fee

_____ \$100 MASI Member
Additional Registration Fee
(Per Person)

_____ \$175 NON-MEMBER
Additional Registration Fee
(Per Person)

For additional registrants, please provide above information on separate forms!

Payment Information

Enclosed is my check made payable to Mississippi Association of Self-Insurers in the amount of \$_____.

Mail form and payment to:

Mississippi Association of Self Insurers
825 North President Street — Jackson, Mississippi 39202
(601) 749-6274 / wendyp@masiweb.org
Tax ID # 64-0872222

See the MASI website at

www.masiweb.org

for online registration.