

ATTENDEE INFORMATION

For multiple registrations, please copy this form.

Name:	Name for Name Badge:	
Title:	Credentials:	
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
License Number:	License Type:	

EXHIBITOR ATTENDEE INFORMATION

For multiple registrations, please copy this form.

Name:	Name for Name Badge:	
Title:	Credentials:	
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	

SPONSORSHIPS

For multiple registrations, please copy this form.

Name:
Company Name:
Phone:
Email:
Sponsorship Level:
Sponsorship Amount:

EVENT CANCELLATION POLICY

To adequately prepare for a successful event, please review and understand that cancellations made 30 days or more in advance of the event date will receive a 100% refund. Cancellations made within 14 and 29 days in advance of the event date will incur a 50% fee. Cancellations made within 13 days of the event will not receive a refund.



TOTALS

Online conference registration is available at masiweb.org.

Conference Fees

Total number of attendees:

Total amount for attendee registration:

(Add this amount to Totals form below.)

Exhibit Fees

Total number of exhibits:

Total amount for exhibit fees:

(Add this amount to Totals form below.)

Sponsorships

Total amount for sponsorships:

(Add this amount to Totals form below.)

Totals

Total amount for attendee registrations:

Total amount for exhibit registrations:

Total amount for sponsorships:

Enclosed is my check made payable to MASI in the amount of \$



MAIL CHECKS TO:

MASI

825 North President Street

Jackson, Mississippi 39202

Tax ID # 64-0872222

For more information on MASI's 24th Annual Fall Conference contact:

Wendy Powell

MASI Executive Director

wendyp@masiweb.org