

# MEMSPA ANNUAL CONFERENCE

December 7-9, 2016  
Grand Traverse Resort—Traverse City, MI

## Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ School Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ District: \_\_\_\_\_

Badge Name: \_\_\_\_\_ Guest Name: \_\_\_\_\_

I have attended the MEMSPA Conference \_\_\_\_\_ times.

MEMSPA will retain \$39 for ALL cancelled registrations or 50% of fees for cancellations received after 11/23/16.

	Registration Fee	<u>Early Registration</u> (before 11/08/16)	<b>Paid registration includes meal tickets. If you need extra tickets for guests you may purchase them here:</b>
<b>Members</b>	___ \$349	___ \$289	
<b>Non Members</b>	___ \$409	___ \$349	
(2 Lunches, 2 Breakfasts, & Banquet included)			<b>Extras:</b>
<b>Dietary Restrictions:</b> _____			Buffet Lunch Ticket: # _____ x \$25 = _____
___ <b>MEMSPA Retiree Member—No Registration Fee</b> (Meal tickets not included)			Breakfast Ticket: # _____ x \$25 = _____
			Boxed Lunch Ticket: # _____ x \$25 = _____
			Banquet Ticket: # _____ x \$40 = _____

## **PAYMENT INFORMATION**

Total Amount Due: \_\_\_\_\_

\_\_\_ Purchase Order # \_\_\_\_\_ (PO# must be included on registration form for processing)

\_\_\_ Check Enclosed (Make checks payable to MEMSPA.)

\_\_\_ **CREDIT CARD** (MC/VISA/American Express/Discover) Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card # \_\_\_\_\_ Billing Address: \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Signature

## **THREE EASY WAYS TO REGISTER:**

#1: Register online at [www.memspa.org](http://www.memspa.org)

#2: 24-hour Fax Line: 517.694.8945—Credit card and Purchase Orders Only

#3: Mail to: MEMSPA Registration—1980 N College Road, Mason MI 48854

**QUESTIONS?? Call 800.227.0824**