MEMSPA 87th ANNUAL CONFERENCE

December 4-6, 2013 Grand Traverse Resort—Traverse City, MI

Registration Form:

Last Name:		First Name:				
Title:	Sch	nool Name:			_	
School Address: _			City:	Zip:		
Email:		Scho	School Phone:			
Cell Phone:		Distr	District			
Badge Name:		Guest Name:				
MEMSPA will retain	\$39 for ALL cancelled registr	rations or 50%	of fees for registrations ca	ancelled after 11/20/13.		
Members *		y Registration fore 11/5/13) \$279	Extras: ☐ Extra Banquet Ticket(s) # x \$40 = \$			
Non Members *			□ Extra Breakfast Ticket(s) # x \$20 = \$ (President's Breakfast—THURSDAY morning.) □ Extra Lunch Ticket(s) # x \$20 = \$ (Lunch provided at Exhibits on Thursday) Total Extra Fees: □ This is my first MEMSPA Conference. Questions?? 800-227-0824			
PAYMENT INFORMATION Purchase Order# (<i>P.O.# must be included on registration form for processing</i>) Check enclosed (Make checks payable to MEMSPA.) CREDIT CARD (MC/VISA/American Express) Security Code: Exp Date: Billing Address: Name (as it appears on card) Signature						
THREE EASY WAYS TO REGISTER:			For Office Use Only			
#1: Register or #2: 24-Hour F Credit Card and Bi #3: Mail to:	Fax Line: 517-694-8945 Il School District Orders Only MEMSPA Registration, e Rd., Mason, MI 48854	A B	ate Received: mt Recd alance Due onfirmation Mailed	Check #		