

2019 MASI SPRING CONFERENCE REGISTRATION PACKET



NEW VENUE! THE JACKSON COUNTRY CLUB

THURSDAY, MARCH 28, 2019

REGISTER ONLINE TODAY!!

Registration Fees

Member Rate

\$200 per person
\$100 each additional person

Non-Member Rate

\$300 per person
\$175 each additional person

Exhibitor Fees

Member Rate

\$400 per exhibitor (Fee includes one attendee)
\$50 each additional person

Non-Member Rate

\$650 per exhibitor (Fee includes one attendee)
\$100 each additional person

Register Today, Limited Spots Available!

Get Your Logo on the Program!

Gold Sponsorships, \$500

Silver Sponsorships, \$250

Includes Continental Breakfast, Lunch, and Breaks

Limited Seating is Available – Please Register As Soon As Possible!

SIX HOURS OF CEUS BEING APPLIED FOR... Agents, Adjusters, PC and Health, MSCLE, CCM, CRC, PT, and SHRM designations.

DON'T MISS OUR POST-CONFERENCE RECEPTION AT THE COUNTRY CLUB!

THURSDAY – MARCH 28, IMMEDIATELY FOLLOWING THE CONFERENCE

REGISTER ONLINE AT www.masiweb.org

MASI 12th Annual Spring Conference Registration Form

Name _____

Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Check All That Apply:

_____ \$200 Member Registration Fee

_____ \$100 Member Add. Registration Fee (Per Person)

_____ \$300 Non-Member Registration Fee

_____ \$175 Non-Member Add. Registration Fee (Per Person)

FOR ADDITIONAL REGISTRANTS, PLEASE INCLUDE COPIES OF FORMS

_____ \$400 Member Exhibitor Fee

_____ \$50 Member Fee Per Additional Exhibitor Attendee

_____ \$650 Non-Member Exhibitor Fee

_____ \$100 Non-Member Fee Per Additional Exhibitor Attendee

Payment Information

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

You may mail or e-mail your registration to: MASI, P.O. Box 1426, Ridgeland, MS 39158, dangibson@masiweb.org, Tax ID # 64-0872222

See More Conference Info On Our Website, www.masiweb.org

MASI 12th Annual Spring Conference Exhibitor Registration Form

Name _____

Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Additional Exhibitor Attendees (see below for add. fee amounts)

Name & Title _____

Name & Title _____

Name & Title _____

Name & Title _____

Check/ Complete All That Apply: