



FALL WORKSHOP

October 29-31 2024

MISSISSIPPI Educational

County Official Registration Form

Mail to: MS Association of Supervisors
793 N. President Street
Jackson, MS 39202

Attn: MAS Event Staff
Fax: 601.353.2749
Email: 2024workshop@massup.org

County Name: _____ Purchase Order: _____ Date: _____

Completed By: _____ Title: _____

Registration Rates:

Early Bird Online Only Register Online by September 15 <i>Otherwise its regular rate until 10/1</i>	Regular Rate September 16 – October 1	Late Rate October 2 – October 18	Onsite Rate October 19 – October 31
Member: \$325 – <i>Online Only</i>	<input type="checkbox"/> Member: \$350	<input type="checkbox"/> Member: \$400	<input type="checkbox"/> Member: \$450
Non-member: \$375 – <i>Online Only</i>	<input type="checkbox"/> Non-Member: \$400	<input type="checkbox"/> Non-member: \$450	<input type="checkbox"/> Nonmember: \$495

***** If you are a county employee, you cannot register as a spouse/guest. *****

Name (as printed on name badge): _____ Title/Office: _____ Guest/Spouse Name: _____
Name (as printed on name badge): _____ Title/Office: _____ Guest/Spouse Name: _____
Name (as printed on name badge): _____ Title/Office: _____ Guest/Spouse Name: _____
Name (as printed on name badge): _____ Title/Office: _____ Guest/Spouse Name: _____
Name (as printed on name badge): _____ Title/Office: _____ Guest/Spouse Name: _____

Registration forms received at the MAS office after **Friday, October 18** will be processed onsite. Please go to the registration desk onsite to have your name badge made.



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Cancellation Policy: *Must Submit Written Notice*

- **0% No Cancellation Fee:** If notice of cancellation is received from date of registration to **September 23, 2024** no cancellation fee will be assessed.
- **50% Cancellation Fee :** If notice of cancellation is received **September 24 – October 12, 2024**, a cancellation fee equal to half of the registration cost will be assessed, based on original registration fee.
- **100% Cancellation/No Show Fee:** If notice of cancellation is received after **October 13, 2024**, or you do not check in at the MAS registration to receive your badge, a cancellation fee equal to **one hundred percent** of the registration cost will be assessed, based on original registration fee.

Email 2024workshop@massup.org to submit cancellations or for assistance with registering or regarding the event.

Billing:

Total Registration Fees: \$ _____ Check Enclosed (No. _____) Bill County

Bill to Attention: _____ Title: _____

Email: _____ Phone: _____

Billing Address: _____

MAS USE ONLY		
Date Rec'd/Processed:		
Total Due:		
Paid:		
Invoice Number:		
Check Number:		
Staff Notes:		

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