

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: mwconference@massup.org

County Name: _____ Purchase Order: _____ Date: _____

Completed By: _____ Title: _____

Registration Rates:

Early Bird Online Only Register Online by December 3 <i>Otherwise, its regular rate until 10/3</i>	Regular Rate December 4 – January 3	Late Rate January 4 – January 21
<i>Want to save? Check the early bird rate in the member portal</i>	<input type="checkbox"/> Member: \$450	<input type="checkbox"/> Member: \$475
	<input type="checkbox"/> Non-Member: \$500	<input type="checkbox"/> Non-member: \$525

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



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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 **December 15, 2024** no cancellation fee will be assessed.
- **50% Cancellation Fee :** If notice of cancellation is received **December 16 – January 14, 2025** 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 **January 14, 2025**, 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 mwconference@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:		

Registration forms received at the MAS office after January 21, will be processed onsite. Please go to the registration desk onsite to have your name badge made.