

MAS INSURANCE TRUST
2024 RISK MANAGEMENT CONFERENCE
CLYDE MUSE CENTER, PEARL MS
AUG. 20-21, 2024



REGISTRATION INFORMATION

MASIT’s 2024 Risk Management Conference will be held **August 20-21, 2024**, at the **Clyde Muse Center, 515 Country Place Parkway, Pearl, MS 39208**.

REGISTRATION OPENS: JULY 1, 2024

REGISTRATION CLOSES: AUGUST 14, 2024

County Officials/Employees:

MASIT Member County \$175
MASIT Non-Member County \$300

Non-County Attendees*:

Agent/Vendor \$350

** If you are not a county official/employee, you will register as an Agent/Vendor. Guests may register at the MASIT Non-Member County rate.*

SPONSOR INFORMATION

Vendors interested in sponsoring the conference should contact Stephanie Spangler (601.353.2741, sspangler@massup.org) for pricing and availability.

CONFERENCE HOTELS

- You must request MASIT rate **at the time reservation is made** to guarantee block rates. Rates cannot be changed at check-in or check-out. Block rates are subject to sales tax and fees (vary by property).
- You must confirm required deposit, cancellation, check-out, tax exemption payment requirements and other policies with hotel at the time reservation is made.
- If using booking link, please confirm you have the correct dates entered, or Hotel may appear to be sold out if dates are entered incorrectly.

Holiday Inn Trustmark Park

110 Bass Pro Drive, Pearl, MS 39208
Rate\$125
Cutoff Date..... August 1, 2024
Phone: 601.939.5238

Residence Inn by Marriott

108 Riverwind Drive, Pearl, MS 39208
Rate \$159/\$179
Cutoff Date..... August 2, 2024
Group Code MMSA (1-bd suite)
Group Code MMSB (2-bd suite)
Phone: 601.345.4242

Home2Suites by Hilton

105 Hospitality Drive, Flowood, MS 39232
Rate.....\$139
Cutoff DateAugust 5, 2024
Phone: 601.909.4000

Hampton Inn Jackson/Flowood

115 Hospitality Drive, Flowood, MS 39232
Rate.....\$139
Cutoff DateAugust 5, 2024
Phone: 601.709.5200

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2024 RISK MANAGEMENT CONFERENCE REGISTRATION FORM

Mail to: MAS Insurance Trust
793 N. President Street
Jackson, MS 39202

Attn: Stephanie Spangler
Fax to: 601.353.2749
Email to: Sspangler@massup.org

County/Company Name: _____ Purchase Order: _____

Completed By: _____ Title: _____

Full Name: _____ Title: _____ Email: _____
Full Name: _____ Title: _____ Email: _____
Full Name: _____ Title: _____ Email: _____
Full Name: _____ Title: _____ Email: _____

* * * * *

Send bill to: Check enclosed (Number: _____) ***Make check payable to MAS Insurance Trust.***

Billing Contact Name: _____ Title: _____

Billing Address: _____

Email: _____ Phone: _____

MASIT USE ONLY	
Date Rec'd	_____
Invoice No.	_____
Amt Due	_____