MISSISSIPPI ASSOCIATION OF SUPERVISORS

2017 FALL WORKSHOP | OCTOBER 17-19, 2017 VICKSBURG CONVENTION CENTER | VICKSBURG, MS



VENDOR REGISTRATION

Vendors registering for the 2017 Fall Workshop are invited to attend all meals, receptions and general session meetings. (Committee meetings are invitation-only.)

<u>Refunds</u>: Requests for refunds must be received BEFORE September 15, 2017 and will be subject to a \$25 service charge. No refunds will be issued until after the Conference.

PREMIER SPONSORSHIP OPPORTUNITIES

- Registration Desk \$1,000 (Includes registration for two attendees.)
- Break Refreshments \$1,500 (Includes registration for two attendees.)
- Continental Breakfast \$2,500 (Includes registration for three attendees.)
- Closing Breakfast \$3,000 (Includes registration for four attendees.)
- Luncheon \$3,500 (Includes registration for four attendees.)
- Dinner \$4,000 (Includes registration for six attendees.)
- Welcome Reception \$5,000 (Includes registration for eight attendees.)

CONFERENCE HOTELS

- Hotel blocks open at 8:00 a.m. on August 1, 2017. Rates may not be available after cutoff date.
- You must request MAS rate *at the time reservation is made* to guarantee block rates. Rates cannot be changed at check-in or check-out.

Holiday Inn

Phone: 601.634.877

115 Cypress Centre Blyd., Vicksburg 39180

• Block rates are subject to sales tax and fees (vary by property).

Courtyard by Marriott 1 Underwood Dr., Vicksburg 39180			
Rate\$104			
Cutoff DateSeptember 16, 2017			
Group Name MS Assn. of Supervisors			
Booking Linkgoo.gl/gfHghe			
Phone: 601.636.8788			
Comfort Suites			
100 Berryman Rd., Vicksburg 39180			
Rate\$96			
Cutoff DateSeptember 16, 2017			
Group Name MS Assn. of Supervisors			
Booking Linkgoo.gl/nVa9tC			
Phone: 601.638.2290			
Hampton Inn			
3330 Clay St., Vicksburg 39183			
Rate\$119			
Cutoff DateSeptember 27, 2017			
Group Code MAS			
Booking Link <u>www.hamptoninn.com</u>			
Phone: 800.HAMPTON			

Cutoff Date September 16, 2017 Group Name MS Assn. of Supervisors

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VENDOR REGISTRATION FORM

Contact Name:		Title:		
Company N	ame:			
Mailing Add	dress:			
City:		State:	Zip:	
Email:				
Phone:		Cell:		
☐ Attende	ee (No sponsor recognition/ <i>List name L</i>	<i>pelow</i>) \$275 (No	n-Member) / \$225 (Member)	
-	r (Includes 2 attendees; listing in bulleti endee names below. Additional attende			
☐ I wil	I donate a grand prize.	☐ I will donate lanyar	ds.	
	Sponsorship. All Premier Sponsorship erence bulletin. <i>List attendee names bel</i>	, , -		
Event: _		R	ate: \$	
☐ Additio	nal Attendees. No. of Attendees	@ \$100 each	\$	
Attendee N	ames: Must provide names of all atter	ndees for name badges.		
Full Name (please print clearly)		Full Name (please print clearly)		
Full Name (please print clearly)		Full Name (please print clearly)		
Mail to:	MS Association of Supervisors Attn: Stephanie Spangler	Fax to: 601.353.2749		
	793 N. President Street	Fmail to: ssnangle	r@massun org	

Jackson, MS 39202