

# MISSISSIPPI ASSOCIATION OF SUPERVISORS

2020 MID-WINTER LEGISLATIVE CONFERENCE

HILTON JACKSON | JANUARY 7-9, 2020



## VENDOR REGISTRATION

Vendors are welcome to attend any events on the published agenda except committee meetings, which are invitation-only. Due to space constraints, there are no opportunities for exhibit booths or tables.

## PREMIER SPONSORSHIP OPPORTUNITIES

All Premier Sponsorships include company's logo featured on event signage and listing in event program.

- Registration Desk – **\$1,750** (Includes registration for two attendees.) – **SOLD OUT**
- Break Refreshments – **\$1,500** (Includes registration for two attendees.)
- Breakfast – **\$3,500** (Includes registration for three attendees)
- Luncheon – **\$4,500** (Includes registration for four attendees) – **SOLD OUT**
- Legislative Appreciation Reception – **\$5,000** (Includes complimentary registration for five attendees.) – **SOLD OUT**

**Cancellation & Refund Policy:** Written notice of cancellation must be received at MAS office no later than December 2, 2019. Refund request will be subject to a \$75 service charge. No refunds will be granted for cancellations after December 2, 2019. Refunds will be processed after Meeting closes.

## CONFERENCE HOTELS

- Hotel blocks open at 9:00 a.m. on November 12, 2019. Rates may not be available before November 12 or after cutoff date. **Hilton Hotel block typically sells out within minutes! Once sold out, we cannot add more rooms to the block.**
- 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. 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.

### Hilton Hotel

1001 E. County Line Road, Jackson 39211  
Rate .....\$127  
Cutoff Date..... December 7, 2019  
Group Code..... MAS20  
Phone: 601.957.2800 – **SOLD OUT**

### Hilton Garden Inn (King Edward)

235 W. Capitol St., Jackson 39201  
Rate .....\$119  
Cutoff Date..... December 19, 2019  
Group Code..... MAS2  
Phone: 877.782.9444

### Courtyard by Marriot (Jackson/Ridgeland)

6280 Ridgewood Ct Dr, Jackson, MS 39211  
Rate.....\$95  
Cutoff Date ..... December 15, 2019  
Group Code.....SUP  
Phone: 601.956.9991

### Drury Inn & Suites

610 E. County Line Road, Ridgeland 39157  
Rate.....\$90  
Cutoff Date ..... December 6, 2019  
Group Code..... 2391438  
Phone: 800.325.0720

### Holiday Inn Express & Suites

6485 Frontage Rd, Ridgeland 39157  
Rate.....\$89  
Cutoff Date ..... December 10, 2019  
Group Code.....MAS220  
Phone: 601.977.6111

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**VENDOR REGISTRATION FORM**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attendee.** (No sponsor recognition/ *List name below*) .....  **\$400** (Non-Member) /  **\$350** (Member)

\* \* \* \* \*

**Sponsor.** (Includes 2 attendees; listing in bulletin) .....  **\$750** (Non-Member) /  **\$650** (Member)  
*List attendee names below. Additional attendees may register for \$100 per person.*

**Premier Sponsorship.** (See Registration Information for attendee count.)  
*List attendee names below. Additional attendees may register for \$100 per person.*

Event: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

**Additional Attendees.** No. of Attendees \_\_\_\_\_ @ \$100 each = \$ \_\_\_\_\_ (Premier or Sponsor only)

I wish to host a hospitality suite. Date(s) & Times Open: \_\_\_\_\_  
**You must be a registered Sponsor or Premier Sponsor to host a suite. Space is limited. Hospitality suites cannot be open during conference events as published on the agenda.**

I will donate a grand prize.  I will donate lanyards.

**Attendee Names:** Must provide names and titles of all attendees for name badges.

\_\_\_\_\_  
Name & Title (as it will appear on name badge)

\_\_\_\_\_  
Name & Title (as it will appear on name badge)

\_\_\_\_\_  
Name & Title (as it will appear on name badge)

\_\_\_\_\_  
Name & Title (as it will appear on name badge)

**TOTAL REGISTRATION FEE:** \$ \_\_\_\_\_

Bill Me  Check Enclosed  Credit Card (Visa/MC/Amex)  
\* We will email link for credit card payment

Billing Address: \_\_\_\_\_

\_\_\_\_\_

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

Fax to: 601.353.2749

Email to: [YGamez@massup.org](mailto:YGamez@massup.org)