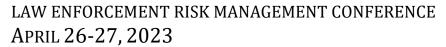
MAS INSURANCE TRUST





Group Code: ASI

Booking Link:tinyurl.com/4avdays4

Cutoff:April 4, 2023

REGISTRATION FORM

Email to: sspangler@mas	sup.org F	ax:	601.353.2749		Phone: 601.487.0651
County Name:				Date:	
Completed By:				Title:	
Email Address:					
Bill Attn (Name):			_ Email:		
Billing Address:				City:	Zip:
	Registratio	n Rate	e: \$125 per regis	strant	
First and Last Name:					
Title/Office:					
Email:					
First and Last Name:					
Title/Office:					
Email:					
First and Last Name:					
Title/Office:					
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	return to MASIT or			n Refuge Hotel & Co	
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Registration Form.