County Official Registration Form

County Name: _____Submission Date:

Mail to:	MS Association of Supervisors 793 N. President Street Jackson, MS 39202	Fax: 601.35	vent Staff 53.2749 orkshop@massup.org	
	Registration Rates			
	Early Bird Online Only Register Online by August 27 Otherwise its regular rate until 9/15	Regular Rate Now – September 16	Late Rate September 17 – October 10	
	Member: \$350 – Online Only	☐ Member: \$375	☐ Member: \$450	
	Non-member: \$395– Online Only	☐ Non-member: \$425	□ Non-member: \$495	
*** If you are a county employee, you cannot register as a spouse/guest. ***				
Nome (s	so printed an name hadge).			
Name (as printed on name badge): Title/Office:		Guest/Spouse Name:		
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Name (as printed on name badge): Title/Office:				
	as printed on name badge): îce:	Guest/Spouse Name	e:	
Name (as printed on name badge): Guest/Spouse Name:				

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Completed By:	Title:	
Cancellation Policy: Must Submit Written Notice Email fallworkshop@massup.org to submit cancella	tions or for assistance with registering or regarding the event.	
no cancellation fee will be assessed.	lation is received from date of registration to August 27, 2025	
cancellation fee equal to half of the registration 100% Cancellation/No Show Fee: If notice	tion is received August 28 – September 16, 2025 a cost will be assessed, based on original registration fee. e of cancellation is received after September 16, 2025 or you ve your badge, a cancellation fee equal to one hundred d, based on original registration fee.	
	stering online by August 27 . Rates are based on date ail a form, Regular rate applies through Sept. 16; beginning Sept. the portal or emailing your form to fallworkshop@massup.org	
Billing:		
	☐ Check Enclosed (No) ☐ Bill County	
Bill to Attention:	Title:	
Billing Address:		
Purchase Order Number:Email:	Phone:	
MAS USE ONLY		
Date Rec'd/Processed:		
Total Due:		
Paid:		
Invoice Number:		
Check Number:		
Staff Notes:		