

MISSISSIPPI ASSOCIATION OF SUPERVISORS

94TH ANNUAL CONVENTION | JUNE 12-15, 2023

MS COAST CONVENTION CENTER | HARRISON COUNTY | BILOXI, MS



VENDOR ADDITIONAL ATTENDEES FORM

Company Name _____ Submission Date: _____

ADDITIONAL ATTENDEES: My company wishes to register _____ number of additional attendees. Rates- Early by May 12/ Late May 13 – May 31: Member Rate - \$325/\$375 | Non-Member Rate - \$375/\$425. Not applicable after May 31
Onsite Rate: June 1 – June 15 - Member/State Agency Rate: \$475 | Non-member Rate: \$525

ADDITIONAL ATTENDEE NAMES:

_____	_____	_____
Print Name (as it will appear on name badge)	Title (Required)	Shirt Size
_____	_____	_____
Print Name (as it will appear on name badge)	Title (Required)	Shirt Size
_____	_____	_____
Print Name (as it will appear on name badge)	Title (Required)	Shirt Size
_____	_____	_____
Print Name (as it will appear on name badge)	Title (Required)	Shirt Size

CANCELLATION AND REFUND POLICY

Written notice of cancellation must be received at the MAS Office no later than **Tuesday, May 9, 2023**. Refund requests will be subject to a **\$150 service charge**. All contracts/registration forms submitted but not cancelled by the deadline will be due in full regardless of if you have prepaid or not before the deadline of May 9, 2023. No refunds will be issued for cancellations received after **Tuesday, May 9, 2023**. No refunds will be processed until after the close of the Convention.

ACKNOWLEDGEMENTS AND SIGNATURE (REQUIRED) *Please read carefully and sign below.*

Vendor acknowledges that it has been advised that public officials are subject to the Mississippi Ethics Law. Vendor understands that, if applicable, the Mississippi Lobbying Reform Act of 1994 may apply. Vendor agrees to the Rules and Regulations as agreed upon by MAS and the Mississippi Coast Convention Center which are hereby expressly incorporated herein by reference and made a part of this agreement (copy provided upon request). No distribution of pamphlets, materials or other information is allowed in lobby or meeting areas. Such materials may only be distributed in the Exhibit Hall during Exhibit Hours. Vendor acknowledges that it has read and understands all terms and conditions in the **2023 Vendor & Exhibitor Registration Form**. Vendor acknowledges that their registration is not complete and exhibit space (if applicable) will not be assigned until this 2023 Vendor & Exhibitor Registration Form is received by MAS.

Signature

Date

BILLING CONTACT INFORMATION *(Must Be Completed)*

Total Registration Fees: \$ _____

Check Enclosed (No. _____) or Bill Me

Bill to Attention: _____

Title: _____

Email: _____

Phone: _____

Mailing Address: _____

MAS USE ONLY		
Date Rec'd/Processed:		
Booth(s) Assigned:		
Total Due:		
Paid:		
Invoice Number:		
Check Number:		

Make checks payable to MS Association of Supervisors. Remit to: MAS Convention, Mail checks and registration forms to 793 N. President St., Jackson, MS 39202, or email to Yamaiky Gamez at YGamez@massup.org or Fax to MAS Office at 601.353.2749