



## INDIVIDUAL VENDOR REGISTRATION FORM

Company Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note**, this registration form is for vendors who **do not want to exhibit**. Please check the corresponding box if you wish to register as an individual attendee or purchase a program ad.

**INDIVIDUAL ATTENDEE** I wish to **attend** the MAS 94<sup>th</sup> Annual Convention. My company **will not** exhibit. *Registration cost is per person.* Must include submission date. Includes comp'd MAS giveaway. Additional attendee rates **not** applicable.

### INDIVIDUAL VENDOR REGISTRATION RATES

REGULAR RATE <i>By May 12</i>	LATE RATE <i>MAY 13 – MAY 31</i>	Onsite Rate <b>June 1 – June 15</b>
<input type="checkbox"/> Member: \$625	<input type="checkbox"/> Member: \$675	<input type="checkbox"/> Member: \$750
<input type="checkbox"/> Non-Member: \$675	<input type="checkbox"/> Non-member: \$725	<input type="checkbox"/> Non-member: \$800
<input type="checkbox"/> State Agency/Assoc., etc.: \$625	<input type="checkbox"/> State Agency/Assoc., etc.: \$675	<input type="checkbox"/> State Agency/Assoc., etc.: \$750

**1.**

Print Name (as to appear on badge)	Title	Date Submitted
Email Address	Cell Phone Number	Shirt Size

**2.**

Print Name (as to appear on badge)	Title	Date Submitted
Email Address	Cell Phone Number	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.

### BILLING CONTACT INFORMATION *(Must Be Completed)*

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](mailto:YGamez@massup.org) or Fax to MAS Office at 601.353.2749

Total Registration Fees: \$ \_\_\_\_\_  Check Enclosed (No. \_\_\_\_\_)  Bill Me  
 Bill to Attention: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Registration forms received at the MAS office after May 31 will be processed at the onsite rate. Onsite Member rate will be \$750, Nonmember Rate will be \$800, State Agency Onsite Rate- \$750. Please visit the onsite registration desk onsite for name badge.*