

COUNTY REGISTRATION FORM

County Name: _____ Purchase Order: _____ Date Submitted: _____

Completed By: _____ Title: _____

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

Attn: MAS Events
 Fax to: 601.353.2749
 Email to: countyconnect@massup.org

REGISTRATION RATE:

Regular Rate By December 20	Late Rate December 21 – January 25
Member: \$400	Member: \$475
Non-Member: \$450	Non-member: \$525

*Member rates available for County Supervisors (Active Members), Supervisor-Elect and Associate Members only.
 If you are a county employee, you cannot register as a spouse/guest*

1.

Print Name (as to appear on badge)	Title	District Number
Supervisor Email Address	Cell Phone Number	Guest Name

2.

Print Name (as to appear on badge)	Title	District Number
Supervisor Email Address	Cell Phone Number	Guest Name

3.

Print Name (as to appear on badge)	Title	District Number
Supervisor Email Address	Cell Phone Number	Guest Name

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4.

Print Name (as to appear on badge)

Title

District Number

Supervisor Email Address

Cell Phone Number

Guest Name

5.

Print Name (as to appear on badge)

Title

District Number

Supervisor Email Address

Cell Phone Number

Guest Name

CANCELLATION POLICY: *Must Submit Written Notice*

- **0% No Cancellation Fee:** If notice of cancellation is received from date of registration to **December 1, 2023**, no cancellation fee will be assessed.
- **50% Cancellation Fee:** If notice of cancellation is received **December 2 – December 20, 2023**, a cancellation fee equal to half of the registration cost will be assessed, based on original registration fee.
- **100% Cancellation/No Show Fee:** If notice of cancellation is received after **December 21 2023**, or you do not check in at the MAS registration to receive your badge, a cancellation fee equal to **one hundred percent** of the registration cost will be assessed, based on original registration fee.
 Email CountyConnect@massup.org to submit cancellations or for assistance with registering or regarding the event.

BILLING:

Total Registration Fees: \$ _____ Check Enclosed (No. _____) Bill County

Bill to Attention: _____ Title: _____

Email: _____ Phone: _____

Billing Address: _____

MAS USE ONLY	
Date Rec'd/Processed:	
Total Due:	
Paid:	
Invoice Number:	
Check Number:	