VENDOR REGISTRATION
Vendors are welcome to attend any events on the published agenda except committee meetings, which are invitation-only. Due to space constraints, there are no opportunities for exhibit booths or tables.

PREMIER SPONSORSHIP OPPORTUNITIES
All Premier Sponsorships include company’s logo featured on event signage and listing in event program.

- Registration Desk – $1,750 (Includes registration for two attendees.) – SOLD OUT
- Break Refreshments – $1,500 (Includes registration for two attendees.)
- Breakfast – $3,500 (Includes registration for three attendees)
- Luncheon – $4,500 (Includes registration for four attendees) – SOLD OUT
- Legislative Appreciation Reception – $5,000 (Includes complimentary registration for five attendees.) – SOLD OUT

CANCELLATION & REFUND POLICY: Written notice of cancellation must be received at MAS office no later than December 2, 2019. Refund request will be subject to a $75 service charge. No refunds will be granted for cancellations after December 2, 2019. Refunds will be processed after Meeting closes.

CONFERENCE HOTELS
- Hotel blocks open at 9:00 a.m. on November 12, 2019. Rates may not be available before November 12 or after cutoff date. Hilton Hotel block typically sells out within minutes! Once sold out, we cannot add more rooms to the block.
- You must request MAS rate at the time reservation is made to guarantee block rates. Rates cannot be changed at check-in or check-out. Block rates are subject to sales tax and fees (vary by property).
- You must confirm required deposit, cancellation, check-out, tax exemption payment requirements and other policies with hotel.

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Rate</th>
<th>Cutoff Date</th>
<th>Group Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hilton Hotel</td>
<td>$127</td>
<td>December 7, 2019</td>
<td>MAS20</td>
<td>601.957.2800</td>
</tr>
<tr>
<td>Hilton Garden Inn (King Edward)</td>
<td>$119</td>
<td>December 19, 2019</td>
<td>MAS2</td>
<td>877.782.9444</td>
</tr>
<tr>
<td>Courtyard by Marriot (Jackson/Ridgeland)</td>
<td>$95</td>
<td>December 15, 2019</td>
<td>SUP</td>
<td>601.956.9991</td>
</tr>
<tr>
<td>Drury Inn &amp; Suites</td>
<td>$90</td>
<td>December 6, 2019</td>
<td>239143 SUP</td>
<td>800.325.0720</td>
</tr>
<tr>
<td>Holiday Inn Express &amp; Suites</td>
<td>$89</td>
<td>December 10, 2019</td>
<td>MASS220</td>
<td>601.977.6111</td>
</tr>
</tbody>
</table>
VENDOR REGISTRATION FORM

Contact Name: ________________________________ Title: ________________________________

Company Name: ________________________________________________________________

Mailing Address: ________________________________

City: __________________ State: ___________ Zip: ______________

Email: ________________________________ Phone: ______________________________

☐ Attendee. (No sponsor recognition/ List name below) ........... ☐ $400 (Non-Member) / ☐ $350 (Member)

☐ Sponsor. (Includes 2 attendees; listing in bulletin) .......... ☐ $750 (Non-Member) / ☐ $650 (Member)

List attendee names below. Additional attendees may register for $100 per person.

☐ Premier Sponsorship. (See Registration Information for attendee count.)

List attendee names below. Additional attendees may register for $100 per person.

Event: ________________________________ Rate: $____________

☐ Additional Attendees. No. of Attendees _____ @ $100 each = $______________ (Premier or Sponsor only)

☐ I wish to host a hospitality suite. Date(s) & Times Open: ___________________________________________________________________

You must be a registered Sponsor or Premier Sponsor to host a suite. Space is limited. Hospitality suites cannot be open during conference events as published on the agenda.

☐ I will donate a grand prize. ☐ I will donate lanyards.

Attendee Names: Must provide names and titles of all attendees for name badges.

<table>
<thead>
<tr>
<th>Name &amp; Title (as it will appear on name badge)</th>
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</table>

TOTAL REGISTRATION FEE: $______________ ☐ Bill Me ☐ Check Enclosed ☐ Credit Card (Visa/MC/Amex)

* We will email link for credit card payment

Billing Address: ________________________________________________________

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

Fax to: 601.353.2749

Email to: YGamez@massup.org