



2023 NTO 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:

Early Rate Received by November 9	Regular Rate November 10 - November 23	Late Rate November 24- December 7
Member: \$275	Member: \$300	Member: \$375
Non-member: \$325	Non-Member: \$350	Non-member: \$400

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

***You may pre-register individuals whose county role is to-be-determined in the November elections by submitting county role/title placeholders i.e., Supervisor District 1, Chancery Clerk, etc. and later submitting official names. ***

1.

Print Name (as to appear on badge)

Title

District Number

Email Address

Cell Phone Number

Guest Name

2.

Print Name (as to appear on badge)

Title

District Number

Email Address

Cell Phone Number

Guest Name

3.

Print Name (as to appear on badge)

Title

District Number

Email Address

Cell Phone Number

Guest Name



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4.

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5.

Print Name (as to appear on badge)

Title

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CANCELLATION POLICY: *Must Submit Written Notice*

- **0% No Cancellation Fee:** If notice of cancellation is received from date of registration to **November 1, 2023**, no cancellation fee will be assessed.
- **50% Cancellation Fee:** If notice of cancellation is received **November 2 – November 17, 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 **November 17, 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:	