

Each person attending the conference must submit a separate registration form. Conference attendance **cannot** be split between employees. **Payment or PO must accompany registration.** No confirmation will be sent.

First Name: _____
 Last Name: _____
 Job Title: _____
 Agency: _____
 Street Address: _____
 City, State, Zip _____
 Work Phone: _____
 Email: _____
 Region: _____ County of Employment: _____

FIRST CONFERENCE — Is this your first MSSA conference?
 Yes No

I AM — Please check (b) the appropriate box

- | | |
|---|---|
| <input type="checkbox"/> County Commissioner | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Financial Worker | <input type="checkbox"/> Management |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Client Contact |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Volunteer, Retired, Client, Unemployed, Foster Parent, Student | |
- (Please circle one.)

MSSA CONFERENCE REGISTRATION — Please check (☑) the appropriate box according to registration level and full conference or individual days attending.

- | | |
|---|----------|
| <input type="checkbox"/> MEMBER | \$ 75.00 |
| <input type="checkbox"/> MEMBER FULL-TIME STUDENT, FOSTER PARENT, CLIENT, RETIRED UNEMPLOYED, FULL-TIME VOLUNTEER —(if not also employed in Human Services) Must be a member of MSSA. Verification required. | \$ 40.00 |
| <input type="checkbox"/> NON MEMBER | \$125.00 |

Disability Access Requests must be received in **writing** to the MSSA office no later than **September 15, 2011.**

MEMBERSHIP

I am a current member of MSSA: Yes No

Note: You must renew your membership now if it expires on or before 10/31/2011. You can sign up as a new member to receive the member rate for the conference.

Select One: (95% of membership may be claimed on your tax return.)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> \$35.00 | Individual Member |
| <input type="checkbox"/> \$50.00 | Contributing Member |
| <input type="checkbox"/> \$100.00 | Sustaining Member |
| <input type="checkbox"/> \$20.00 | Foster Parent, Client, Retired, Volunteer, Unemployed or Full-Time Student (Note: if full-time student attach copy of Student ID) |
| <input type="checkbox"/> | Agency Member |

PAYMENT

Membership	\$ _____
MSSA Conference Registration	\$ _____
Scholarship Fund Donation—Optional	\$ 5.00
TOTAL	_____

PO/Check #: _____

MAIL REGISTRATION TO:

MSSA | 125 Charles Avenue | St. Paul, MN 55103

FAX REGISTRATION TO: 651/224-6540

QUESTIONS: Phone: 651-644-0556 OR Email: stephanie@mssa.org

\$50 Cancellation fee will be applied to all cancellations.
NO refunds after September 30, 2011.