

Each person attending the conference must submit a separate registration form, this includes all individuals registering under the agency membership rate. 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.

MEMBER

- | | |
|--|----------|
| <input type="checkbox"/> Full Conference | \$145.00 |
| <input type="checkbox"/> Wednesday Only | \$ 75.00 |
| <input type="checkbox"/> Thursday Only | \$ 75.00 |

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.

- | | |
|--|----------|
| <input type="checkbox"/> Full Conference | \$ 90.00 |
| <input type="checkbox"/> Wednesday Only | \$ 50.00 |
| <input type="checkbox"/> Thursday Only | \$ 50.00 |

NON MEMBER

- | | |
|--|----------|
| <input type="checkbox"/> Full Conference | \$250.00 |
| <input type="checkbox"/> Wednesday Only | \$150.00 |
| <input type="checkbox"/> Thursday Only | \$150.00 |

Disability Access Requests must be received in **writing** to the MSSA office no later than **September 6, 2011.**

AGENCY MEMBER RATE

Note: If your agency is an Agency Member of MSSA you are eligible for the Agency Member Rate. You must also be an individual member. If your membership expires on or before 10/31/2011, renew below or you can sign up as a new member.

Full Conference \$ 75.00

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 |

REGIONAL MEETINGS

Region 1: Stay tuned for more information on Regional Meeting.

Region 4: I will be attending the Region 4 Annual Meeting on Wednesday, October 5, and would like to purchase lunch for \$11.00. Yes No

PAYMENT

Membership	\$ _____
MSSA Conference Registration	\$ _____
Scholarship Fund Donation—Optional	\$ 5.00
Regional Lunch	\$ 11.00

TOTAL _____

PO/Check #: _____

MAIL REGISTRATION TO:

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

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

\$50 Cancellation fee will be applied to all cancellations.
NO refunds after September 15, 2011.