



# 49th Annual MSA Conference

## Registration Form

### September 11-14, 2017

**Central Coast Chapter**

**Radisson Hotel**  
 3455 Skyway Drive, Santa Maria, CA 805-928-8000  
[www.radisson.com/santa maria](http://www.radisson.com/santa maria)

Name \_\_\_\_\_ (as you want it on your name badge)

Agency/Employer \_\_\_\_\_ Title \_\_\_\_\_

MSA Chapter \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

I am:  Executive Board Member  Chapter Board Member  Past Peter Walsh Recipient

Spouse's Name (for badge) \_\_\_\_\_

**Hotel Information: 805-928-8000 ask for MSA Conference Rate - use code (MSACONF)**  
[www.radisson.com/santa maria](http://www.radisson.com/santa maria)

TYPE OF REGISTRATION	AMOUNT PAID
Full Registration by 8/25/17.....	\$475.00
Early Registration before 6/30/17 .....	\$425.00
Late Registration after 8/25/17 .....	\$575.00
Life Registration.....	\$175.00
Single Day Registration.....	\$175.00
Includes breakfast and lunch – specify day Wed [ ] Thurs [ ]	
Spousal Program.....	\$175.00
Includes Thursday Night Banquet & Hospitality	See flyer for details on spousal,
Fishing Trip.....	\$90.00 fishing and golf
Golf by 8/25/17.....	\$95.00
Thursday Night Dinner Dance (Tickets).....	\$85.00*
*Single day registrants and individuals not participating in the Conference activities and/or spouses not participating in spousal program	
<b>TOTAL</b>	\$ _____

**Circa 1849 dress for Thursday Night Banquet** (no purchase orders please)

To better plan for meals, please indicate below which meals you plan to attend and how many people will be eating during each meal. You will be issued tickets for **ONLY** those meals you mark. Spouses not registered for the spouses program will be required to pay for any meals they attend. **Please make arrangements prior to 8/25/2017.**

- [ ] Tuesday Night Hospitality [ ] Wednesday Breakfast [ ] Wednesday Lunch [ ] Wednesday Vendor Hospitality  
 [ ] Thursday breakfast [ ] Thursday Lunch [ ] Thursday Dinner Dance Banquet [ ] **Vegetarian Meals Requested**

Please only one member and one spouse on this form. Use separate forms for additional members. Application and check must be postmarked by the deadline date. Make checks payable to MSA 17. **Mail to Bob Morgenstern, MSA 2017, 6735 Hollister Ave., Goleta, CA 93117.**

**FOR CREDIT CARD PURCHASE CALL: 805-896-6257**