

Registration Form

53rd MSC Annual Meeting • October 8 - 10, 2024
Hilton Palacio Del Rio • San Antonio, TX

(Please print clearly in block letters and photocopy for additional registrants)



Name: _____ Nickname _____
Spouse (if attending): _____ for Badge: _____
Spouse's Nickname: _____
Company or Affiliation: _____
Street Address: _____
City, State, Country & Postal Code: _____
Phone #: _____ E-mail: _____

***** Please Submit Individual Forms for Each Additional Company Representative *****

Registration & Activity Fees

	Postmarked by September 6	Postmarked after September 6	Amount Due
<u>Annual Meeting Registration</u>			
Member: Company Representative	\$449	\$555	Yourself \$ _____
First-Time Non-member	\$449	\$555	
Non-member	\$800	\$900	
Spouse Registration (Member or Non-member)	\$125	\$125	Spouse \$ _____
<u>Grand Total</u> (Pay this amount)			Grand Total \$ _____

General Registration Information:

- Member and first-time non-member registration fees postmarked on or before **September 6, 2024**, will receive the early meeting registration discount.
- All advance registrations must be accompanied by the appropriate registration fees to be eligible for the registration discount.
- Registration fees cover attendance for all meetings, receptions, and coffee breaks. Lodging and recreational activities are not included in the registration fees.
- Non-member companies are welcome to attend the meeting and all functions. Non-members may attend one Council meeting as a first-timer at member rates and a second meeting at non-member registration rates. Attendance at additional meetings is by special invitation. Non-member spouses are invited to attend the program at member spouse rates at all times.
- **Cancellations & Refunds:** Cancellations must be received in writing at the MSC office by **September 20, 2024** and will be subject to a cancellation fee of 25%, which will be deducted from the refund. No refund will be made for cancellations received after **September 20, 2024**.

Credit Card Payment Option

Card Type: VISA MC AmEx

Card No.: _____

Name On Card: _____

Exp Date: _____ CVV Code: _____

Billing Zip Code: _____

Signature: _____

SEND COMPLETED REGISTRATION FORM WITH PAYMENT TO:

meetings@mulchandsoilcouncil.org

MSC • 7809 N. FM 179 • Shallowater, TX 79363

Tel: (806) 832-1810 • Web: www.mulchandsoilcouncil.org