

Registration Form

45th MSC Annual Meeting • October 4-6, 2016 Hotel Monteleone • New Orleans, LA

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



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

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

Registration & Activity Fees	Postmarked by Sept. 5	Postmarked after Sept. 5	Amount Due
Annual Meeting Registration			
Member: 1st Company Representative	\$449	\$555	Yourself \$ _____
Each Additional Company Representative	\$345	\$455	
First-Time Non-member	\$449	\$555	Spouse \$ _____
Non-member	\$725	\$875	
Spouse Registration (Member or Non-member)	\$125	\$125	
Grand Total (Pay this amount)			Grand Total \$ _____

General Registration Information:

- Member and first-time non-member registration fees postmarked on or before **September 5, 2016**, 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.
- **Cancellation:** In the event it is necessary to cancel your meeting registration, a written cancellation notice must be **received** at the MSC office on or before **September 15, 2016**, in order to receive a full refund. No refunds will be made for cancellations received after **September 15, 2016**.

Credit Card Payment Option

Card Type: VISA MC AmEx

Card No.: _____

Name On Card: _____

Exp Date: _____ CVV Code: _____

Billing address zip code: _____

Signature: _____

Send completed registration form with payment to:

MSC ANNUAL MEETING, 7809 FM 179, SHALLOWATER, TX 79363

TEL: (806) 832-1810 • FAX: (806) 832-5244 • E-MAIL: INFO@MULCHANDSOILCOUNCIL.ORG • WEB: WWW.MULCHANDSOILCOUNCIL.ORG