

MAHS/MASC STATE LEADERSHIP CONVENTION

April 22-24, 2017

MAHS - STUDENT REGISTRATION FORM

(Registration \$135.00 per student)

Must be received in the MAHS/MASC Office by Monday, April 3 – 3:00 p.m.

Any registrations received after April 3 will be considered on numbers - advisor or student

Substitution Fee \$10.00 – Substitutions MUST be same gender

PLEASE PRINT OR TYPE LEGIBLY (Black or blue ink only - **no pencil**)

Name of Student _____

Grade of Student _____ Sex of Student _____ T-shirt size _____

Email Address of Student ******(If you want to be included in a Convention email address listing)

Phone of Student _____

Dietary restrictions- Explain _____

An advisor or school staff member must attend with your students

Name of School _____

Name of Advisor _____ Cell Phone _____

Address of School _____
Street Address City State Zip Code

Please fax or return this form with check payable to MAHS/MASC by *April 3, 2017* to:

MAHS/MASC State Leadership Convention
1667 North Snelling Avenue, Suite C-100
St. Paul, MN 55108-2131
FAX: 651-999-7331

REGISTRATIONS ARE NON-REFUNDABLE AFTER MONDAY, APRIL 3, 2017

MAHS/MASC STATE LEADERSHIP CONVENTION

April 22-24, 2017

MAHS - ADVISOR REGISTRATION FORM

Registration \$170.00 per advisor)

Must be received in the MAHS/MASC Office by Monday, April 3 – 3:00 p.m.

Any registrations received after April 3 will be considered on numbers - advisor or student

HOUSING

Reservations are to be made directly with the hotel. Room selection/rates are the advisors' responsibility.

PLEASE PRINT OR TYPE

Number of years as an advisor _____

Name _____

Are you a new advisor? Yes ____ No ____

School Name _____

Are you a 1st time attendee? Yes ____ No ____

School Address _____

Street

City

State

Zip Code

School Phone _____

Cell Phone _____

E-Mail Address _____

T-shirt size _____

Dietary restrictions- Explain _____

If you would like to bring a **guest** for the banquets, please fill out the reservation form below and add the cost of the meals to your registration fee. Please reserve:

_____ Saturday evening's Advisors' Banquet Guest Reservation at \$40.00 per person.

Advisors' guest's name _____

_____ Sunday evening's Advisors' Banquet Guest Reservation at \$30.00 per person.

Advisors' guest's name _____

_____ TOTAL GUEST RESERVATIONS AT AN ADDITIONAL TOTAL COST OF \$ _____

Make checks for your registration and extra meals payable to MAHS/MASC.

_____ \$170.00 Convention Registration Fee (**includes all meals**)

_____ Guest Reservation Fees (from above)

_____ TOTAL ENCLOSED

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