

Sponsor Registration Form

Company Name _____ Phone: _____

Mailing Address _____ City/State/Zip _____

Name of 1st Attendee _____
(Print)

Name of 2nd Attendee _____
(Print)

Sponsorship

_____ Gold \$825.00

Payable to: Michigan Self Insurers' Association Federal ID #: 23-7162592

Mail to: Amway, attn: Lorraine K. Climer 44B-2J 7575 Fulton Street East, ADA, MI
49355

Inquiries: e-mail lorraine.climer@amway.com