

**Michigan Self-Insurers' Association
2012 Spring Conference
May 30th - June 1st**

Gold Exhibitor Registration Form

CONTACT PERSON: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

E-Mail: _____

TOTAL FEE ENCLOSED: \$ _____

Names of individuals attending for name tag purposes: It is important that this is fully completed and legible as a badge will be required for entry to all events)

Please make check payable to MSIA. Federal ID #: 23-7162592. You will receive written confirmation of your assigned event sponsorship when your payment is received and you are registered.

RETURN REGISTRATION FORM & CHECK TO:

**Steve Ohman
Spectrum Health Occupational Services MC840
973 Ottawa NW
Grand Rapids, MI 49503
(616) 391-7741
Stephen.Ohman@spectrumhealth.org**

Exhibitor agrees to carry & maintain and provide evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising from Exhibitor's Booth at the MSIA's Spring Conference.

The Exhibitor shall indemnify, defend and hold harmless The Michigan Self Insurers' Association and the Grand Traverse Resort and their officers, agents, members and employees from all demands, claims, loss and damage to persons or property arising out of or caused by the Exhibitor's negligence in connection with their Booth and participation at this conference.

Authorized Signature