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| C:\Users\bakekeel\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\FT59PZMI\MSIA Logo.tif | **Michigan Self-Insurers’ Association**  **124 W. Allegan, Suite 1900 ● Lansing MI 48933**  **Phone: (517) 267-3901 ● Fax: (517) 484-4442**  **Email:** [**events@michselfinsurers.org**](mailto:events@michselfinsurers.org) **● Web:** [**www.michselfinsurers.org**](http://www.michselfinsurers.org) |

**2017 Spring Conference Exhibitor and Sponsor Mail-In Registration Form**

**May 31 – June 1, 2017 ● Amway Grand Plaza, Grand Rapids**

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| **Contact Information – *Please Print*** | | | | |
| **Company/Organization:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Contact:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Address:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **City/State/Zip:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Phone:** | ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Exhibitor** **on-site contact:** ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Exhibitor and Sponsor Registrations** | | | | |
| **Gold**  **(Members only)** | **Cost: $1000**  **-includes 2 registrations**  **-limited to 8 member companies** | | | Print Names  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **General Exhibitor** | **Cost - Select one**  □ **MSIA Member Discount**  \_\_ 2 Attendees $500 \_\_ 3 Attendees $600 \_\_ 4 Attendees $700  □ **Non-Members**  \_\_ 2 Attendees $800 \_\_ 3 Attendees $900 \_\_ 4 Attendees $1000 | | | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Attendees** | **For companies already registered:**  **Cost: $100 per additional attendee** | | | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sponsorship** | **Circle one**  **Breakfast $1,000 ● Lunch $1,500 ● Reception $1,500**  **CEU Credit $250 ● Notepads $250 ● Beverage Stations $500** | | | **Amount Due**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Payment** | | | **Exhibitor Agreement** | |
| Please make check payable to “MSIA” and mail to office address listed above.  Exhibitors will receive an email confirmation with an assigned booth number after payment is received.  Federal ID #: 23-7162592 | | | Exhibitor agrees to carry and 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. Exhibitor shall indemnify, defend and hold harmless the Michigan Self Insurers’ Association and Hotels and their officers, agents, members, and employees from all demands, claims, loss, and damage to persons or property arising out of or caused by Exhibitor’s negligence in connection with their Booth and conference participation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signature Date | |