



Michigan Self-Insurers' Association
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2016 Fall Conference Sponsor & Vendor Mail-In Registration Form
October 12-13, 2016 • Lansing Center, Lansing

Contact Information – Please Print

Company/Organization: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Exhibitor on-site contact: () _____

Email: _____

Individual Registration	<p align="center">Cost – Select one</p> <input type="checkbox"/> MSIA Member \$200 <input type="checkbox"/> MSIA Member Spouse/Guest \$150 <input type="checkbox"/> MSIA Non-Member \$250 <input type="checkbox"/> MSIA Non-Member Spouse/Guest \$200	<p align="center">Registrants</p> 1. _____ 2. _____ 3. _____ 4. _____
General Exhibitor	<p align="center">Cost - Select one</p> <input type="checkbox"/> MSIA Member Discount __ 2 Attendees \$500 __ 3 Attendees \$600 __ 4 Attendees \$700 <input type="checkbox"/> Non-Members __ 2 Attendees \$800 __ 3 Attendees \$900 __ 4 Attendees \$1000	1. _____ 2. _____ 3. _____ 4. _____
Sponsorship	<p align="center">Circle one</p> <p align="center">Breakfast \$1,000 • Lunch \$1,500 • Reception \$1,500</p> <p align="center">Beverage Stations \$500</p>	<p>Amount Due \$</p> <p>_____</p>

Payment

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 Agreement

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

