



September 14, 2010

MNRSA Annual Symposium

Radisson Hotel & Conference Center, Plymouth, MN



Registration Form

COMPANY INFORMATION

Name of Company _____

Main Contact (Mr./Ms./Mrs.) _____ Title _____

Corporate Address _____ City _____ State _____ Zip _____

(_____) (_____) _____
Phone Fax E-mail Web Site Address

NAMES OF ATTENDEES

| Name (Please Print Legibly) | E-Mail Address |
|-----------------------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Attach sheet for additional names)

REGISTRATION FEES

| Registration Type | Member Fee | Non-Member Fee |
|--|------------|----------------|
| Full Day Attendee Registration | | |
| Early (by 8/20/10): | \$179.00 | \$229.00 |
| Regular (by 9/3/10): | \$199.00 | \$249.00 |
| Late (after 9/3/10): | \$229.00 | \$279.00 |
| Half Day Attendee Registration (Does not include lunch) | | |
| Early (by 8/20/10): | \$ 79.00 | \$109.00 |
| Regular (by 9/3/10): | \$ 99.00 | \$129.00 |
| Late (after 9/3/10): | \$119.00 | \$149.00 |

PAYMENT INFORMATION

Total Number of Registrations: _____ X Registration Fee of \$ _____ = Total Amount Due \$ _____

- Check Enclosed for \$ _____ (Payable to MNRSA)
- Credit Card Payment \$ _____ MasterCard Visa

Cardholder Name: _____ Signature _____
Please Print Legibly

Billing Address: _____ Street Address City State Phone: (_____) _____
Zip

Credit Card # (please write legibly): |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

Exp. Date: |_|_|_|_| 3 Digit Security Code: |_|_|_|_|

Fax this completed form to 952.974.2009, or mail your payment to: MNRSA, P.O. Box 921, Chanhassen, MN 55317

MNRSA | P.O. Box 921 | Chanhassen MN 55317 Phone: 952.974.3760 | Fax: 952.974.2009 | www.mnrso.org | info@mnrso.org

For Office Use Only: List Invoice Payment CK#: _____ CC Date: _____ Amt: _____ Cap#: _____ Ref: _____