

Annual Meeting 15-17 Nov, 2012 Registration Form



Registration Information (these details will also be used for your name badge)

Name

Address

City

Country

State Zip Code

E-Mail Contact Phone Number

Please indicate if you are attending as an official representative Yes No

Hotel

Individual guests are responsible for making their own reservation by calling 843-722-0600 or 1-877-756-2121. by **MONDAY OCTOBER 15, 2012**. Individuals must identify themselves as members of the **MIC3 Annual Meeting**. After this date no guarantee can be made that there will be rooms available or that the agreed rate of \$137.00 per day will be met. Subject to availability the hotel will honor the room rate of \$137.00 for 3 days pre and post the Annual Meeting, guests are advised to book early to take advantage of these rates.

The hotel is the Francis Marion located in downtown Charleston [FRANCIS MARION](#)

Registration Fee - Commissioners and Official Ex-Officio Members

As a Commissioner/Official Ex-Officio member of the Interstate Compact your lodgings, meals and travel are covered by MIC3 during the period 15-17 November, 2012 (3 nights). You are requested to make your own hotel and travel arrangements and submit the relevant expense form to this office post the Annual Meeting for reimbursement. **You are reminded to retain all ORIGINAL receipts which you are required to submit with your claim.**

Registration Fee for Non-Official Members

\$150.00 per day.

Please ensure you complete the billing information on page 2, if required, prior to submitting this form.

Payment Options for Registration Fees

You are requested to submit payment for your Registration fee prior to the Annual Meeting

Option 1

Mail Registration form and Check (made payable to MIC3) to this office.

(Please include a copy of this invoice and/or MIC3 account code: 520-171-10-43000-11396 on check or addendum for proper credit)

Option 2

Complete credit card information below and submit electronically using the button below or Fax the completed form to this office.

Billing Information

Card Type(American Express/Visa/Mastercard)

Name on Card

Card Number (no spaces)

CVC Code (3 digits)

Expiry Date

Amount