

Michigan Self-Insurers' Association 124 W. Allegan, Suite 1900 ● Lansing MI 48933

Phone: (517) 267-3901 • Fax: (517) 484-4442
Email: events@michselfinsurers.org • Web: www.michselfinsurers.org

2016 Spring Conference Sponsor & Vendor Mail-In Registration Form June 1-2, 2016 ● Amway Grand Plaza, Grand Rapids

Contact Information - Please Print

Company/Orga	anization:			
	Contact:			
	Address:			
a. 1				
City/S	State/Zip:			
	Phone: () Exhibitor on-site cont	act: ()		
	Email:			
	Cost – Select one	Registrants		
Individual	□ MSIA Member \$200	1		
Registration	□ MSIA Member Spouse/Guest \$150□ MSIA Non-Member \$250	2		
	□ MSIA Non-Member \$250 □ MSIA Non-Member Spouse/Guest \$200	3		
		4		
	Cost - Select one			
General Exhibitor		1		
EXHIBITOR	 ■ MSIA Member Discount _ 2 Attendees \$500 3 Attendees \$600 4 Attendees \$700 	2		
	□ Non-Members	3		
	2 Attendees \$800 3 Attendees \$900 4 Attendees \$1000	4		
Sponsorship	Circle one	Amount Due \$		
	Breakfast \$1,000 ◆ Lunch \$1,500 ◆ Reception \$1,500			
	CEU Credit \$250 ● Notepads \$250 ● Beverage Stations \$500			
	2_2 3.5 7_25 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2			
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