

REGISTRATION FORM

SSAM Annual Conference
October 24, 2012
Best Western Plus of Lansing
6820 S. Cedar St. (I-96 at Exit 104)
Lansing, Michigan 48911

Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Vendor Information:

Booth Vendor....\$150/Member Only

Fee includes 8' table, two chairs, linen table cover, skirting and electrical service. Please make your selection from the attached diagram. Space will be assigned on a first come basis.

Sponsorships:

Sponsors receive signage during the event, verbal recognition and your company name listed in the program.

- ☐ **Platinum** - \$1,000 (includes four registrations)
- ☐ **Gold** - \$500 (includes two registrations)
- ☐ **Silver** - \$300 (includes one registration)

Registration Cost: Must be current member of the Self Storage Association of Michigan to receive member rate.

<u>Package</u>	<u>Description</u>	<u>Member Rate</u>	<u>Non-Member Rate</u>
A	Full Registration—First Person From Company	\$130	\$300
B	Full Registration—Each Additional Person (Same Company)	\$100	\$300
C	Table Top Display	\$150	N/A

*Non-Members: A \$75 credit will be applied to **new** memberships (main location only, one per facility).

Attendees:	Package A First Person	Package B Additional Person	Package C Booth Vendor	Sponsor	Total	Office Use Only
1.						
2.						
3.						
4.						

Total Fee: \$

Hotel Accommodations

A block of rooms is being held at the **Best Western Plus of Lansing, I-96 at Exit 104, 6820 S. Cedar St., Lansing, MI 48911**. The rate is **\$98.50 King/Double occupancy**. Guest reservations can be made by calling 517.694.8123. Please refer to the **Self Storage Association of Michigan** room block. **Reservations due by: September 24, 2012.**

Payment:

- ☐ Enclosed is my check payable to SSAM in the amount of \$ _____
- ☐ Charge my Visa/MasterCard/Discover in the amount of \$ _____

Name on account (please print)

Signature

Billing Zip Code

CVV Code

Account No.

Expiration Date

Please return registration form to: SSAM, 2222 Association Drive, Okemos, MI 48864 or fax 517.349.3543