CBA/Workshop Registration Form

Please complete this registration form, make one copy for your records and return this form with your check or credit card payment to: Michigan Association of School Boards
1001 Centennial Way, Ste. 400, Lansing, MI 48917-8249
P: 517.327.5900 · F: 517.327.0776

Name	me Nickname for Badge				
District Name		Email	Email		
Address					
City		ZIP Code	ZIP Code		
District Telephone	e	Daytime Telepl	hone		
District Fax		Contact Person	n		
Course	Location	Time	Date	Amount	
			Total Amount Enclosed		
classes with fewer Registration deadli be made in lieu of c	in the order that completed registrations are received than 15 participants. Classes may be rescheduled do not is one week before the event; no refunds are given cancellations; \$25 cancellation fee on any/all cancell accommodations should contact Angel Davis at 5	ue to weather. n for cancellations within one week of the eve lations; billing fee is \$25 per attendee if payr	nt; walk-ins accepted on a per spac nent isn't received by date of class.		
Payment Info	ormation losed made payable to: MASB Check # _			Registration: is currently in the midst of	
			online	ase enhancements that impact registration. To ensure consistent,	
☐ Check to follow — Registration faxed in advance ☐ Invoice school district and apply \$25 billing fee **Attn:		tn:	taking the tra	reliable service to members, we will be taking paper registrations for events until the transition is complete. Thank you for your patience and understanding.	
□ Credit Car	d Payment (VISA and MASTERCARD accepted)				
Account #		Exp. Date	Card Secu	rity Code	
Signature of Ca	rd Holder				