



# Registration Form

Company \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Submitted by \_\_\_\_\_

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

*as you would like it to appear on your badge*

Title \_\_\_\_\_

I will attend  \$50/\$75 Tuesday, Feb 16, 2010  \$50/\$75 Wednesday, Feb 17, 2010

Sub-total \$ \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

*as you would like it to appear on your badge*

Title \_\_\_\_\_

I will attend  \$50/\$75 Tuesday, Feb 16, 2010  \$50/\$75 Wednesday, Feb 17, 2010

Sub-total \$ \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

*as you would like it to appear on your badge*

Title \_\_\_\_\_

I will attend  \$50/\$75 Tuesday, Feb 16, 2010  \$50/\$75 Wednesday, Feb 17, 2010

Sub-total \$ \_\_\_\_\_

**Early Bird Registration**  
*(until January 29, 2010)*

**Registration**  
*(after January 29, 2010)*

**\$50** per person/per day

**\$75** per person/per day

Payment must accompany registration form. Please keep a copy of completed form for your records.

Questions???? Call MTA at 517-321-1951 or MCTS at 517-321-1955.

## Payment Method

Visa  Mastercard  American Express  Discover

Total Registration Cost

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

\$

Signature \_\_\_\_\_

or

Check Enclosed

**Please mail completed form and check made payable to Michigan Trucking Association by February 5, 2010**

Michigan Trucking Association, 1131 Centennial Way, Lansing, Michigan 48917

Fax completed forms with credit card number to MTA at 517-321-0884

No refunds after February 5, 2010 - substitutions will be permitted.