

# 2016 MTA Fall Conference

**October 13-14, 2016**

Minneapolis Marriott Northwest | 7025 Northland Drive N. | Brooklyn Park, MN



## Attendee Contact Information

Please print clearly.

Name (as it will appear on your name badge) \_\_\_\_\_  
Company \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_  
Website \_\_\_\_\_

## Conference Registration

	Early Bird (By 9/21)	Regular (After 9/21)
_____ <i>MTA Members</i>	<input type="checkbox"/> \$155	<input type="checkbox"/> \$180
_____ <i>MTA Non-Members</i>	<input type="checkbox"/> \$215	<input type="checkbox"/> \$240
Total	\$ _____	

## Additional Representatives

1. Name \_\_\_\_\_ Email \_\_\_\_\_  
2. Name \_\_\_\_\_ Email \_\_\_\_\_  
3. Name \_\_\_\_\_ Email \_\_\_\_\_  
4. Name \_\_\_\_\_ Email \_\_\_\_\_  
5. Name \_\_\_\_\_ Email \_\_\_\_\_

## Payment Information

Check (made payable to MTA)     MasterCard     Visa     Discover     AMEX

Name on card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Phone \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_

### Please return completed form to:

Minnesota Telecom Alliance  
1000 Westgate Drive, Suite 252  
St. Paul, MN 55114  
Ph: 651-291-7311  
Fax: 651-290-2266

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

**Cancellation Policy:** With written cancellation notice received by September 23, 2016, you will receive a full refund, less a \$25 administrative charge. Cancellations after September 23 are non-refundable. Notices of cancellation must be faxed to the MTA office at 651-290-2266. No-shows will not receive refunds.

Due to PCI Compliance, please do NOT provide any credit card information via email. Pay by registering online, phone, mail, or fax only.