

# 2014 MTA Fall Conference

## October 9-10, 2014



### 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 9/18)	Regular (After 9/18)
_____ MTA Members	<input type="checkbox"/> \$155	<input type="checkbox"/> \$180
_____ MTA Non-Members	<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)     Invoice me     MasterCard     Visa     Discover

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 18, 2014, you will receive a full refund, less a \$25 administrative charge. Cancellations after September 18 are non-refundable. Notices of cancellation must be faxed to the MTA office at 651-290-2266. No-shows will not receive refunds.*