

**MSAA Supplier Registration & Membership Form**

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

**1. Exhibit Fees**

	Before July 27 <sup>th</sup>	After July 27 <sup>th</sup>
Table Top Exhibit – with electricity	\$545	\$620
Table Top Exhibit – without electricity	\$510	\$585

*The above rates entitle MSAA supplier member companies to one table top display and one complimentary personnel registration.*

Briefcase	\$425	\$500
-----------	-------	-------

*The above rate entitles MSAA supplier members entrance into the trade show to conduct business without taking a table top exhibit and includes one complimentary personnel registration.*

**Exhibit Fees Total** \$ \_\_\_\_\_

**2. Table Exhibit Space Selection**

Consult the trade show floor plan and list your choices in order of preference: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
 MSAA will make final booth assignments and will do our best to honor your request.

If possible, please avoid assigning us a space near the following companies:

**3. Personnel Registration**

	Reg Fee	Golf	Individual
	\$80	\$40	Total
Name: _____	N/C	_____	_____
Title: _____			
Name: _____	\$80	_____	_____
Title: _____			
Name: _____	\$80	_____	_____
Title: _____			
Name: _____	\$80	_____	_____
Title: _____			

*Duplicate form as needed.*

**Personnel Registration Total** \$ \_\_\_\_\_

**4. Supplier Membership Dues**

Your company **must** be a MSAA member to attend and participate. 2018 is a new membership year and dues are based on 2017 sales to Midwest ski areas.

2017 sales to Midwest ski areas	Dues
• Under \$75,000 sales to Midwest ski areas	\$225
• Over \$75,000 sales to Midwest ski areas	\$325

**Supplier Membership Dues** \$ \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

*(Exhibit, Personnel & Dues)*

*MSAA registration is administered by NSAA under a contract with MSAA*

**5. Payment Information**

All supplier companies **must** include payment with this registration form.

\_\_\_\_ Check enclosed (payable to MSAA)  
 \_\_\_\_ Please charge my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send to:** MSAA/NSAA  
 133 S Van Gordon Street  
 Suite 300  
 Lakewood, CO 80228  
  
 jlaron@nsaa.org  
 Fax: 303.986.2345