

**Registration Form**

Ski Area/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail: \_\_\_\_\_

**Registration Fee \$90 per person**

*Includes educational sessions (both classroom and on-snow), refreshment breaks, Tuesday lunch, Tuesday dinner and Wednesday lunch.*

**Personnel Registration**

Reg Fee

Name: \_\_\_\_\_ \$90

Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ \$90

Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ \$90

Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ \$90

Title: \_\_\_\_\_

e-mail: \_\_\_\_\_

*Duplicate form as needed.*

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

**Payment Information**

\_\_\_ 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