



The Art of Possibilities
LEADING IN A CULTURE OF CHANGE

MICHIGAN ASSOCIATION OF SCHOOL ADMINISTRATORS
FALL CONFERENCE
September 26-28, 2007
Grand Traverse Resort

MASA Member's Name _____
(You must be an MASA member to register for this conference)

Nickname _____
(First name that you would like to appear on your name badge)

School District/Business _____ Title: _____

Address _____ City, State, Zip _____

Telephone _____ Email _____

Does your spouse/partner plan to attend? Yes ___ No ___ If yes, Spouse/Partner's Name _____
(Registration is complimentary; meals must be purchased.)

Spouse/Partner's email: _____

Member Registration

New Supt's Preconference (9/25-9/26) \$200 _____

(Discount if also attending main conf.) \$165 _____

Conference Registration (9/26-9/28) \$ 250 _____

Lunch is included in registration fee for full conference registrants

Yes, I will attend the lunch (9/27) \$ 0 _____

No, I will not be attending the luncheon

Spouse/Partner will attend lunch (9/27) \$ 30 _____



Courageous Journey, Cohort 1*

- Wed & Thu sessions

Courageous Journey, Cohort 2*

- Wed & Thu sessions

**must be a registered Courageous Journey participant to attend*



Spouse Event!
Stained Glass 101 introduces spouses to the art of light.

GRAND TOTAL \$ _____

Business / Retiree Registration

Conference Registration (9/26-9/28)

- Business Affiliate (non-sponsor) \$250 _____

- Business Sponsor (primary contact) \$0 _____

- Business additional attendees
(lunch 9/27 and Sponsor Reception 9/27) \$ 100 _____

- Retiree \$0 _____

- Retiree/Vendor (if you are representing a company and want it to appear on your name tag) \$80 _____

Rose Memorial Luncheon (9/27)

Yes, I will attend the luncheon \$0 _____

No, I will not be attending the luncheon

Exhibitors must use exhibit registration form found at: www.gomasa.org

GRAND TOTAL \$ _____

Would you be willing to chair a clinic?

(This involves introducing the presenters, validating CEU's, and monitoring the session)

Yes ___ No ___

NOTE: Meals/registration are not refundable after Sep 21, 2007. A \$25 billing fee will be charged if not paid in full by Sep 28, 2007. A \$25 fee will be charged for cancellations.

For Credit Card Payment:

Type of Card: ___ Visa ___ MasterCard

Name on Card: _____

Card #: _____

Expiration Date: _____

Signature: _____

Return this form to:

Michigan Association of School Administrators
Attn: Sue White
1001 Centennial Way, Suite 300
Lansing, MI 48917-9279
Fax: 517-327-0771
Phone: 517-327-9266