



MICHIGAN ASSOCIATION OF SCHOOL ADMINISTRATORS  
**MIDWINTER CONFERENCE**

January 23-25, 2008  
 Detroit Renaissance Center Marriott

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.)*

**Member Registration**

- Contract Planning Pre-Conference (1/22) \$ 90 \_\_\_\_\_
- One-on-one contract review (1/22) \$ 50 \_\_\_\_\_
- New Supts early session (1/23) \$ 50 \_\_\_\_\_
- Conference Registration (1/23-1/25) \$ 250 \_\_\_\_\_

**Lunch is included in registration fee for full conference registrants**

- Yes, I will attend the lunch (1/24) \$ 0 \_\_\_\_\_
- No, I will not be attending the luncheon
- Spouse/Partner will attend lunch (1/24) \$ 30 \_\_\_\_\_
- MASA Fellowship Breakfast (1/24) \$ 25 \_\_\_\_\_
- Spouse Fellowship Breakfast (1/24) \$ 25 \_\_\_\_\_



- Courageous Journey, Cohort 1\*
- Courageous Journey, Cohort 2\*
- Courageous Journey, Cohort 3\*

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

**GRAND TOTAL \$ \_\_\_\_\_**

**Business / Retiree Registration**

- Conference Registration (1/23-1/25)
- Business Affiliate (non-sponsor) \$250 \_\_\_\_\_
- Business Sponsor (primary contact) \$0 \_\_\_\_\_
- Business Sponsor extra attendees \$100 \_\_\_\_\_  
 (lunch 1/24 and Sponsor Reception 1/24)
- Retiree/Vendor (representing company and want it to appear on your name tag) \$80 \_\_\_\_\_
- Retiree \$0 \_\_\_\_\_
- Distinguished Administrator Luncheon
- Yes, I will attend the luncheon (1/24) \$ 0 \_\_\_\_\_
- No, I will not be attending the luncheon
- MASA Fellowship Breakfast (1/24) \$ 25 \_\_\_\_\_

**GRAND TOTAL \$ \_\_\_\_\_**

**NOTE:** Meals/registration are not refundable after January 18, 2008. A \$25 billing fee will be charged if not paid in full by January 25, 2008. A \$25 fee will be charged for cancellations.

**Would you be willing to chair a clinic?**

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

Yes \_\_\_\_\_ No \_\_\_\_\_

- Check
- Purchase Order
- Credit Card

Type of Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

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

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Return this form to:

Michigan Association of School Administrators  
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 Phone: 517.327.9266