

Registration

Register online at www.mnsha.org or complete the following form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____
(required for final CE submission)

Cell Phone: _____

Registration Fees

In order to qualify for member rates, you must be a current MNSHA member. See www.mnsha.org for membership rates or contact the MNSHA Office at 855-727-2836 or office@mnsha.org.

Convention Registration	On or before 4/2/21	After 4/2/21	Total Amount
Full Convention (Member)			
MNSHA Member	\$200	\$225	
Life Member	\$200	\$225	
Retired Member	\$200	\$225	
Student Member	Free	Free	
Full Convention (Non-Member)			
Non-Member	\$290	\$315	
Student Non-Member	\$20	\$20	
One Day Only (Member)			
MNSHA Member <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$125	\$150	
Life Member <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$125	\$150	
Retired Member <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$125	\$150	
Student Member <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Free	Free	
One Day Only (Non-Member)			
Non-Member <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$215	\$240	
Student Non-Member <input type="checkbox"/> Fri <input type="checkbox"/> Sat	\$20	\$20	
TOTAL DUE			

Session Choices

Friday, April 9

- | | |
|------------------------------|--|
| <input type="checkbox"/> 1.1 | <input type="checkbox"/> 3.1 |
| <input type="checkbox"/> 1.2 | <input type="checkbox"/> 3.2 |
| <input type="checkbox"/> 1.3 | <input type="checkbox"/> 3.3 |
| <input type="checkbox"/> 2.1 | <input type="checkbox"/> Posters |
| <input type="checkbox"/> 2.2 | <input type="checkbox"/> Honors/Awards |
| <input type="checkbox"/> 2.3 | <input type="checkbox"/> Happy Hour |

Saturday, April 10

- | | |
|------------------------------|---|
| <input type="checkbox"/> 4.1 | <input type="checkbox"/> Business Meeting |
| <input type="checkbox"/> 4.2 | <input type="checkbox"/> 6.1 |
| <input type="checkbox"/> 4.3 | <input type="checkbox"/> 6.2 |
| <input type="checkbox"/> 5.1 | <input type="checkbox"/> 6.3 |
| <input type="checkbox"/> 5.2 | <input type="checkbox"/> 7.1 |
| <input type="checkbox"/> 5.3 | <input type="checkbox"/> 7.2 |

Payment Method

Check (payable to MNSHA) Mastercard Visa Discover AMEX

CC Number: _____

Exp. Date: _____

Mail to: MNSHA | 700 McKnight Park Drive, Suite 708 | Pittsburgh, PA 15237

Fax: 888-729-3489

E-mail to office@mnsha.org

Opt Out of Networking Features

Do NOT include my contact information (name, email, cell) on the following:

Vendor Participant List

Cancellation Policy: Refund requests received in writing will be honored, less a \$25 administrative fee, if received before April 2, 2021.