



Member Registration Form

MASMS Fall Conference September 16-18, 2009
 Holiday Inn Hotel & Suites, St. Cloud, MN

Please complete in full or attach business card.

Name _____

School/College _____ Phone () _____

Address _____ City _____ State ____ Zip _____

E-mail _____

Here's How to Register:

1. Complete this form.
2. The forms for Hotel Reservations and the Weeds, Trees & Turf Seminar are attached. Complete as needed.
3. Send a copy of all forms, and your payment in full, to the MASMS office. You will receive confirmation of your lodging from the Holiday Inn, and confirmation of your conference registration from MASMS.

Conference Registration Fee \$110 per person (\$125 if received after 8/15/09) \$ _____

Conference registration includes: Wednesday evening welcome reception, education sessions, trade show, breaks and meals (Thursday lunch and dinner, and Friday breakfast and lunch).

Thursday Lunch & Trade Show \$20 per person (for those not attending the full conference) \$ _____

Invite your staff to join us for lunch on Thursday at noon followed by the trade show. *(This is for those who wish to attend only the trade show, and not the full conference.)*

Name(s): _____

Additional Meal Tickets

Your Conference Registration includes meals for one person. Order additional tickets here.

Additional Thursday Lunch Tickets Number of tickets _____ x \$20= _____

Additional Thursday Evening Banquet Tickets Number of tickets _____ x \$30= _____

Total \$ _____

Total Conference Registration & Additional Meal Tickets \$ _____

Hotel Reservations See Lodging Form \$ _____

Weeds, Trees & Turf Seminar See Golf Registration Form \$ _____

Total Payment \$ _____

Payment Method

Check # _____ Please make checks payable to MASMS

Credit Card Type: Master Visa AmEx Card #: _____ Exp: ____ / ____

Amount: _____ Signature: _____

Remit to: **MASMS, Attn: Ruth Bielejeski**
 600 4th Street North, Cold Spring, MN 56320
 Phone (320) 685-4585 Fax (320) 685-4592 Toll Free (888-429-3884)
 Email: ruth@masms.org www.masms.org



Lodging Reservations

MASMS Fall Conference September 16-18, 2009
 Holiday Inn Hotel & Suites, 75 South 37th Avenue, St. Cloud, MN

Please complete one reservation form for each guest room.

Name _____ E-mail _____
 Organization _____ Office Phone () _____
 Address _____ Cell Phone () _____
 City _____ State ____ Zip _____

Smoking Preference (request only, not guaranteed) _____ Non-smoking _____ Smoking _____
 Arrival Date _____ Departure Date _____ # of Nights Staying _____

Room Information (prices include tax)

Room with 1 Queen Bed

September 16 Non-Poolside \$ 90 \$ _____
 September 17 Non-Poolside \$ 90 \$ _____

Room with 2 Double Beds

September 16 Non-Poolside \$ 90 or Poolside \$ 99 (*please indicate*) \$ _____
 September 17 Non-Poolside \$ 90 or Poolside \$ 99 (*please indicate*) \$ _____

Upper Level Atrium Suite with 2 Queen Beds

September 16 Non-Poolside 2nd & 3rd Floor \$ 120 \$ _____
 September 17 Non-Poolside 2nd & 3rd Floor \$ 120 \$ _____

If sharing a room, please indicate roommate: _____

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Total \$ _____

The hotel staff will try to honor room requests, but please register early to get the room type you want.

CONFIRMATION: All reservations must be made with this form, and must include payment in full. Reservation deadline is August 31, 2009—after this date our group rate is not guaranteed. The Holiday Inn Hotel & Suites will send out confirmations of your hotel accommodations after receiving the registration forms from the MASMS office.

CHECK-IN: Standard check-in time is 4:00 pm, checkout is 11:00 am

CANCELLATIONS: After you have received your confirmation from the Holiday Inn Hotel & Suites, all cancellations or changes to your lodging reservations should be made directly with the hotel. The Holiday Inn Hotel & Suites will hold your prepaid guest room reservation until midnight of the day of arrival. If you do not check in by midnight on the day of arrival, the reservation will be cancelled along with all future nights of the reservation (you will be charged for the first night, and will receive a refund by mail for any subsequent nights).

SMOKING POLICY: The hotel is a non-smoking facility, and smoking is permitted in designated areas only. Smoking preferences for rooms may be requested, but are not guaranteed.



Weeds, Trees and Turf Seminar Registration Form

Wednesday, September 16, 2009
Wapicada Golf Course

Name _____

School/College _____

Registration: This event is an 18-hole best ball tournament, with a Shotgun Start promptly at 10:00am. Registration, coffee & donuts start at 8:30am. Teams are selected at random. Proceeds go to the MASMS Tom Robinson Memorial Scholarship Program.

Hole-in-One Contest: On #5, there will be a hole-in-one contest to win a 4 x 4 ATV!

Banquet: Dinner is at the Wapicada Clubhouse at 4:30 pm. Each registered golfer receives one ticket for the dinner. Spouses and guests are welcome to join the fun, and can purchase additional tickets for \$25 each. Awards and door prizes are announced during dinner.

Directions: Go to www.wapicada.com.

Shuttle Service: Shuttle service is provided to and from the Holiday Inn, at no charge. We hope you keep your car at the hotel, and leave the driving to us. The shuttle will leave the hotel at 8:00 and 9:00am and will return after dinner.

GOLF REGISTRATION

Each registered golfer receives:

- 18 holes of golf and cart
- Food & refreshments on the course
- Dinner at Wapicada Clubhouse

Please indicate dinner choice(s): _____ Smoked Pork Chop _____ Chicken

Golf Registration \$50 for each golfer (includes golf and dinner) \$ _____

Golf Only (\$30) \$ _____

Banquet Tickets (\$25 each) # of tickets _____ x \$25 = \$ _____

Total Golf/Banquet Registration \$ _____

Seminar registration is due by August 31, 2009. Add a \$20 late fee for registrations after this date.

If you have questions, please contact Jeff Moody at (651) 603-4846.

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Golf Registration \$ _____
 Additional Banquet Tickets \$ _____
Total \$ _____