

# 2012 MTA SPRING PLANT WORKSHOP TRAINING PROPOSAL REQUEST FORM

March 13 & 14, 2012  
Triangle Communications  
2121 Highway 2 NW  
Havre, MT 59501

**Submission Deadline: February 1, 2012**

Company Name: \_\_\_\_\_

Person Making Presentation: \_\_\_\_\_

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Time Needed for Training: \_\_\_\_\_

Provide a Brief Training Outline: \_\_\_\_\_

COST: None to presenter

CO-SPONSORSHIPS OFFERRED:

Coffee & Donuts \$ 75.00 \_\_\_\_\_

Lunch \$100.00 \_\_\_\_\_

Hospitality Hour \$150.00 \_\_\_\_\_

INCLUDES REGISTRATION FOR ONE

*"YES, I would like to participate in the upcoming MTA Spring Plant Workshop. I have read the MTA Hands-On Training Guidelines that outlines the workshop. I understand that this is "no sales pitch" training and requires hands-on training on technology, equipment and/or tools. I acknowledge that our 2012 MTA Associate Dues must be current in order to participate in this workshop (2012 Membership Renewals are due to MTA by March 15). Finally, I understand this training proposal request form must be approved by the Spring Plant Workshop Committee and I will be notified when the final schedule has been determined & if my training was selected."*

\_\_\_\_\_  
Signature



Cancellation Policy: Company substitutes of attendees are acceptable at any time. Fees collected are non-refundable except in extenuating circumstances, which will be determined by MTA. NO refunds will be made AFTER March 1 without documentation of a medical emergency or flight cancellation by the airline. A \$25.00 fee, plus any applicable bank charges, will be charged for any checks or credit cards returned unpaid.

**Payment Options:**

Option 1: Check Enclosed (Mailed)

Option 2: We also accept American Express, VISA, MasterCard. Please write clearly.

Type of Card: \_\_\_\_\_ Credit Card # \_\_\_\_\_

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

Authorization Numbers:

3 digit # for Visa & MasterCard: \_\_\_\_\_

4 digit # for American Express: \_\_\_\_\_

Full Name as it Appears on Card:

\_\_\_\_\_  
Full Address of cardholder:

\_\_\_\_\_  
Signature of cardholder:

Please complete this form  
either scan & Email to: [ajoki@telecomassn.org](mailto:ajoki@telecomassn.org)  
or fax to: 406-442-8243

Any questions call: 406-442-4316

