

# 2012 MTA SPRING PLANT WORKSHOP VENDOR REGISTRATION

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

**Registration Deadline: March 1, 2012**

Company \_\_\_\_\_

1<sup>st</sup> Attendee Name \_\_\_\_\_ Email \_\_\_\_\_ Cost \$100

2<sup>nd</sup> Attendee Name \_\_\_\_\_ Email \_\_\_\_\_ Cost \$75

3<sup>rd</sup> Attendee Name \_\_\_\_\_ Email \_\_\_\_\_ Cost \$75

### CO-SPONSORSHIPS OFFERED:

Coffee & Donuts	\$ 75.00	_____	
Lunch	\$100.00	_____	
Hospitality Hour	\$150.00	_____	INCLUDES REGISTRATION FOR ONE

**NON-MTA ASSOCIATE MEMBERS MAY ATTEND BUT PAY A HIGHER REGISTRATION FEE - \$200/PP**

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 10 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 MTA: 406-442-4316

