



**Growing and Developing Service Supervisors**  
 Sheraton Milwaukee Brookfield Hotel  
 Brookfield, WI  
 May 2-3, 2019



**Attendee Information**

Name \_\_\_\_\_ Badge Name \_\_\_\_\_  
 Company Name \_\_\_\_\_ Title \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Registrant's E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address to send acknowledgement of registration form receipt: \_\_\_\_\_

**Registration Fees**

MSCA/MCAA Member	\$925 – 1 <sup>st</sup> Attendee	_____
MSCA/MCAA Member	\$850 – 2 <sup>nd</sup> Attendee	_____
Non-Member	\$2,000	_____

**Program begins at 7:00 a.m. on Thursday, May 2**  
 Please plan your arrival accordingly!

**MSCA Registration & Housing Policy**

Registration fee due at time of registration (all registration based on first-come-first-serve basis – class size limited).

**MSCA Cancellation & Refund Policy**

No penalty for cancellation 30 days prior to program date. After that date, reimbursement will be dependent on the filling of your vacancy.

**Registration Payment**

Check (payable to MSCA)    AMEX    MC    VISA

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_  
 Signature \_\_\_\_\_

**Hotel Registration**

**\* The credit card provided below will be charged the full stay prior to hotel arrival.**

Room Type	Room Rate	King Bed	2 Beds
Standard Single/Double	\$102.00	_____	_____

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_  
 Total Number of People in Room \_\_\_\_\_ Sharing with \_\_\_\_\_  
 Do you have any special hotel requirements? \_\_\_\_\_

Please contact Sobeida Orantes, MSCA at 800-556-3653 if you require special accommodations to fully participate in this event.

Rooms at the Group Rate Are Subject to Availability

The hotel cut-off date is **April 10, 2019** After this date, rates and room types may change. Reservations canceled within 72 hours of the arrival day will result in forfeiture of deposit. All rates are subject to a 15.6 % tax per room per night.

AMEX    MC    VISA

Account Number \_\_\_\_\_ Expiration \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ Billing ZIP Code \_\_\_\_\_  
 I authorize the room & tax to be charged to the credit card provided:  
 Signature \_\_\_\_\_

**Registration Made Easy:**

FAX your completed registration and hotel reservation form to: (240) 238-7261 OR  
 Mail to MSCA, 1385 Piccard Drive, Rockville, MD 20850  
 Questions or changes?  
 E-mail Sobeida Orantes at [saorantes@mcaa.org](mailto:saorantes@mcaa.org) or call 800-556-3653.

**For Office Use**

Payment: \_\_\_\_\_  
 Database: \_\_\_\_\_  
 Hotel: \_\_\_\_\_