

Michigan Herb Associates
ANNUAL CONFERENCE & BANQUET RESERVATION FORM
March 7-8, 2012

Name (Please Print) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number: day (_____) _____ night (_____) _____

I am willing to volunteer at the conference for 15-30 minutes one day (door monitor, membership table, etc.)

PREREGISTRATION I am enclosing a fee of (check one):		
MHA Member Rates	Non-Member Rates	
___ \$75 for both March 7 and 8	___ \$100 for both March 7 and 8	\$ _____
___ \$45 for March 7 (Wednesday)	___ \$70 for March 7 (Wednesday)	\$ _____
___ \$45 for March 8 (Thursday)	___ \$70 for March 8 (Thursday)	\$ _____
(Walk-in rates are \$10 over the preregistration rates.)		
MEALS Please reserve the following meals for me: <i>Please check your options. (Reservations are needed by Monday, February 29, 2012.)</i>		
Lunch on Wednesday, March 7	\$12.00	\$ _____
___ Regular option	___ Vegetarian option	
Banquet and Evening Program , Wednesday, March 7	\$35.00	\$ _____
___ Regular option	___ Vegetarian option	
Lunch on Thursday, March 8	\$12.00	\$ _____
___ Regular option	___ Vegetarian option	
MEMBERSHIP To renew your membership in MHA, complete the MHA MEMBERSHIP APPLICATION AND RENEWAL FORM. You can renew or join without attending the conference. The rate is \$25 per year.		
MHA Membership for 2012 (tax deductible)	\$25.00	\$ _____
TOTAL AMOUNT ENCLOSED (U.S. Funds ONLY)		\$ _____

Registrations must be received by Monday, February 29, 2012, for luncheons and banquet. You may also register in person on March 7 and 8; however, **walk-ins** will **not** be able to reserve luncheon or banquet tickets.

NO REFUNDS WILL BE GIVEN AFTER MARCH 2, 2012. A \$25 fee will be charged to individuals whose checks are returned for "Not Sufficient Funds."

Please make check payable (U.S. funds) to **Michigan Herb Associates** and send **check OR credit card information**, this completed **Registration Form**, **along with** the **MHA MEMBERSHIP APPLICATION AND RENEWAL FORM** to:

Dolores Lindsay, Mid-Michigan Mechanical Contractors Assn, 901 S Cedar, Suite 200, Mason, MI 48854
 Phone: 517.676.0390 or 517.676.0382 (Envelope in Journal)

MC/VISA Credit Card # _____ Expiration Date _____

Signature _____

If you have questions about the program, contact one of the following MHA members:
 Karen Beekman: 517.349.1709 Coleen French: coleenfrench@power-net.net Marilyn Ferguson: 616.754.9652