

I. ORGANIZATION INFORMATION

ORGANIZATION	My rural MT presenting organization requests a travel stipend Yes No Not applicable
MAIN CONTACT PERSON	PHONE
ADDRESS	CITY, STATE, ZIP
EMAIL	WEBSITE

II. SELECT REGISTRATION TYPE AND PROCEED TO INDICATED SECTION

- □ I am part of a presenting organization that has been to the MPAC conference before. **Proceed to section A.**
- □ I am part of a presenting organization that has NOT been to the MPAC conference before. **Proceed to section B.**
- □ I am an out-of-state presenter, school administrator, or unaffiliated individual.
 - Proceed to section C.

A. Tiered presenter registration fee (for members)

Presenter registration fee is based on total artistic fees paid in the previous season. Enter your presenter subtotal below based on your organization's budget. This registration covers ONE registrant. Additional registrants may be added on the next page.

TOTAL ARTIST FEES 2021-22	TIER	EARLY REG	AFTER JAN 6	SUBTOTAL
Below \$5,000	Tier 1	\$170	\$195	
\$5,000-\$10,000	Tier 2	\$205	\$230	
\$10,000-\$30,000	Tier 3	\$220	\$245	
Above \$30,000	Tier 4	\$275	\$290	

B. Non-member presenter registration

This registration covers ONE registrant. Check one below. Additional registrants may be added on the next page.

REGISTRATION TYPE	EARLY REG	AFTER JAN 6	SUBTOTAL
NON-MEMBER	\$200	\$225	

C. Out-of-state presenter, unaffiliated individual, or school administrator

This registration covers ONE registrant. Check one below. Additional registrants may be added on the next page.

REGISTRATION TYPE	EARLY REG	AFTER JAN 6	SUBTOTAL
UNAFFILIATED INDIVIDUAL	\$50	\$65	

III. Does anyone in your group need handicap access or have a special requirement? Please describe accommodation requested:



IV. ADDITIONAL REGISTRANTS

Add names of ALL other conference attendees in your group. Do not include the main contact person listed on page 1. Provide full names for conference badges. Emails are optional and will be used for providing conference updates and reminders.

	FULL NAME	EMAIL (OPTIONAL)	SUBTOTAL (\$50 per person)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		TOTAL ADDITIONAL REGISTRANTS	

V. Select the conference meals you would like to add to your registration (optional)

MEAL	QUANTITY	PRICE	SUBTOTAL	List any food allergies or dietary restrictions
Friday Dinner		X \$33		and names of attendees affected:
Saturday Lunch		X \$21		
Saturday Dinner		X \$33		
CONFEI	RENCE MEAL	TOTAL		
Conference meals m	ist he nurchasi	ed in adv	ance	

Conjerence meals must be purchased in davance.

PRESENTER REGISTRATION FEE & MEAL TOTAL			
ITEM	SUBTOTAL		
Registration Fee (section II)			
Additional Registrants (section IV)			
Conference Meals (section V)			
TOTAL DUE			
PLEASE CHECK ONE: Please check one: Payment enclosed Payment made online			