

The United States Conference of Mayors

2017 MWMA Fall Summit

October 16 – 18, 2017 The Brown Hotel, Louisville, KY

INDIVIDUAL REGISTRATION FORM

Or register online at www.usmayors.org/mwma/fallsummit17

Name:	Title:				
Company:					
Address:	City:			State:	Zip:
Telephone: F	ax:	Email:			
Does the attendee have special needs? (Staff	will contact) yes n	0			
REGISTRATION FE	EES (Please indicate y	your membe	ership status by	checking the	appropriate box.)
MWMA Public Sector Member:	\$99	CODE/Pr	omotion:		
Public Sector Non-Member:	\$399 \$705				
☐ Private Sector (Individual): ☐ Attending Spouse/Partner:	\$795 <i>\$150</i>	Spouse/Pa	rtner Name		
		1			
METHOD OF PAYMENT: Check Credit Card Authorization (The Credit Card Type: Visa		•		ow to pay all applic	cable registration fees:)
Credit Card No.	Ехр	o Date:	CVV:	Billing ZIP	code:
Cardholder signature:					
ROOM RESERVATIONS					
	een set aside at the Vinoy nayors.org/mwma/fallsummi				
	335 W. Broad	The Brown Hot dway, Louisvi (502) 583-1234	ille, KY 40202 4	Tax)	
Reservations must be made by Septem	_			•	rate. Reservations made after

Please return this form with payment to:

that date will be subject to availability and a higher room rate.

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Attention: Monica B. Adams 1620 Eye Street, NW Washington, DC 20006 (202) 861-6789 VOX (202) 223-9540 FAX