



2017 MTA Safety Awards Banquet Registration Form

Tuesday, March 7, 2017
Crowne Plaza Lansing West
Cash Bar - 6:00 pm - Dinner/Awards Program - 7:00 pm

Name *(Please type or print name as it will appear on badge)*

Company

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Tables are only reserved for groups of ten or more *when requested*.

___ Please reserve a table for my company

Payment must accompany this form. You may fax this form to MTA with your credit card.

Number of registrants: _____ at \$55 each = \$ _____

Donation - \$500 or \$1000 \$ _____

TOTAL PAYMENT AMOUNT: \$ _____

___ Check enclosed OR ___ Charge payment

Credit Card (M/C/VISA/AMEX) _____ Exp date _____ CVC _____

Name _____ Signature _____

(exactly as it appears on the card)

Submitted by _____ Phone (____) _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Mail completed forms and payment to: Michigan Trucking Association

1131 Centennial Way

or Lansing, MI 48917

Fax with Credit Card to: 517-321-0884

Registrations should be received by the MTA office NO LATER than February 24, 2017.

◆ Please call MTA at 517-321-1951 with questions or dietary restrictions. ◆