

MICHIGAN PUBLIC SERVICE INSTITUTE

REGISTRATION FORM

July 31 through August 5, 2011

CHECK ONE

- MPSI Graduates
- Directors Day

- Basic Year 1
- Basic Year 2
- Basic Year 3

First Name (Print your name as you wish it to appear on your certificate.)

Last Name

First Name (For your name tag)

Title

Organization

Address

City

State

Postal Code

Business Phone (Please type or print)

Email

Please list the previous years that you have attended MPSI:

Special needs? (Disability, hearing, visual, diet, etc.):

Shirts are for Basic and Advanced Participants that are registered by the deadline.

Indicate shirt preference and size: Men's with pocket Men's without pocket Ladies size without pocket

Small Medium Large XL XXL XXXL XXXXL

MPSI BASIC

July 31 through August 5

\$650.00

Includes classes, materials, breaks and some meals.

Lunch on Monday, Tuesday, Thursday

Dinner on Sunday, Tuesday, Thursday

DIRECTORS DAY

August 4

\$100.00

For bosses that would like to see what MPSI is all about.

Includes dynamic speaker, materials, breaks and lunch.

WEDNESDAY GOLF OUTING

Add \$40.00

BANQUET GUEST

Add \$30.00

Please pay by registration deadline, July 8, 2011. An administration fee of \$50.00 will be charged for registrations received after 7/08/11. No refunds for cancellations received after July 8, 2011. Lodging is not included in the registration fee.

See lodging information enclosed. Golf Outing and Alumni flyers are separate.

Return by July 08, 2011 to:
MICHIGAN PUBLIC SERVICE INSTITUTE

C/O Mary Bender,
Program Coordinator
P.O. Box 330
LeRoy, MI 49655

If fees present a problem, scholarship funds are available on a limited basis. For more information, please contact Tom Trice at 248-433-7732 or ttrice@bloomfieldtwp.org

Refer questions about registration to:

Mary Bender, Program Coordinator
phone: 231-797-5536
fax: 231-797-5865
email: mbender102@aol.com

Please make checks payable to:
APWA, Michigan Chapter – MPSI
Tax ID 36-2202-880

MPSI now accepts credit card payments!

VISA MASTERCARD DISCOVER

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE

BILLING ZIP CODE

AMOUNT TO BE CHARGED