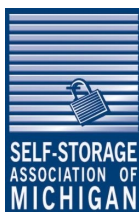


REGISTRATION FORM



SSAM Annual Conference

October 19, 2016 7:00 p.m. - 9:00 p.m. - Cocktail Reception

October 20, 2016 8:00 a.m. - 5:00 p.m. - Conference

MotorCity Casino-Hotel
2901 Grand River Ave.
Detroit, MI 48201



Company Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Exhibitor Information:

Exhibitor....\$350/member

Fee includes: **One** registration, 8' table, one chair, linen table cover, skirting and electrical service. Space will be assigned on a first come basis.

Sponsorships: Sponsors receive signage during the event, verbal recognition and your company name listed in the program.

- ☐ **Platinum** - \$1,000 (includes Exhibitor Table and three registrations)
- ☐ **Gold** - \$750 (includes Exhibitor Table and two registrations)
- ☐ **Silver** - \$500 (includes Exhibitor Table and one registration)

Registration Cost:

<u>Package</u>	<u>Description</u>	<u>Member Rate</u>	<u>Non - Member Rate</u>
A	Full Registration—First Person	\$180	\$325
B	Full Registration—Each Additional Person	\$150	\$325
C	Exhibitor	\$350	N/A
D	Sponsorship	*See Above	N/A
E	Evening Reception Only	\$50	\$75

Attendees:	Package A First Person	Package B Additional Person	Package C Exhibitor	Package D Sponsorship	Package E Cocktail Reception	Non-Member	Total
1.							
2.							
3.							
4.							
Total Fee: \$							

Hotel Accommodations

A limited block of rooms are being held at **MotorCity Casino-Hotel, 2901 Grand River Ave., Detroit, MI 48226**. The rate is **\$132.00**. Guest reservations can be made by calling 1-866-782-9622. Please reference the group code **"Self Storage Association of Michigan"** when making reservations. **Reservations Due by: October 5, 2016.**

Payment:

- ☐ Enclosed is my check payable to SSAM in the amount of \$ _____
- ☐ Charge my Visa MasterCard Discover Amex in the amount of \$ _____

Name on account (please print) _____

Signature _____

Billing Zip Code _____

CVV Code _____

Account No. _____

Expiration Date _____

Please return registration form to: SSAM, 2222 Association Drive, Okemos, MI 48864 or fax 517.349.3543