

2020 MTA Fall Conference
September 30 – October 1, 2020
 Virtual Event



Attendee Contact Information

Please print clearly.

Name (as it will appear on your name badge) _____
 Company _____
 Title _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email Address _____

Pursuant to the Americans with Disabilities Act, do you require specific aids or services? Visual Audio
 Other (specify) _____
 I agree to the MTA policies found at www.mnta.org/event-policies. (Required)

Additional Representatives Contact Information on Reverse

Conference Registration

	Early Bird (By 8/31)	Regular (After 8/31)
_____ MTA Members	<input type="checkbox"/> \$155	<input type="checkbox"/> \$180
_____ MTA Non-Members	<input type="checkbox"/> \$215	<input type="checkbox"/> \$240

Total \$ _____

Payment Information

Check (made payable to MTA) MasterCard Visa Discover AMEX

Name on card _____
 Credit Card Number _____
 Phone _____ Exp. Date _____ Security Code _____
 Billing Address _____ City _____ State _____ Zip _____
 Signature _____

Please return completed form to:

Minnesota Telecom Alliance
 1000 Westgate Drive, Suite 252
 St. Paul, MN 55114
 Ph: 651-291-7311
 Fax: 651-290-2266

(For office use only)

initials		fin.
date		
CK/CC		
paid		

Cancellation Policy: With online cancellation notice received by September 9, 2020, you will receive a full refund, less a \$25 administrative charge. Cancellations after September 9 are non-refundable. Notices of cancellation must be submitted online (www.mnta.org/cancellation) to the MTA office. No-shows will not receive refunds.

Please do not email forms with credit card information. To protect your data and to comply with PCI standards, the MTA office will not accept emailed credit card information. Pay by registering online, phone, or fax only.

2020 MTA Fall Conference

September 30 – October 1, 2020

Minneapolis Marriott Northwest | 7025 Northland Drive N. | Brooklyn Park, MN



Additional Attendee Information

1. Name _____ **Email** _____

Dietary Restrictions Vegetarian Kosher Gluten Free Lactose Intolerant

Other (specify) _____

Pursuant to the Americans with Disabilities Act, do you require specific aids or services? Visual Audio Mobile

Other (specify) _____

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2. Name _____ **Email** _____

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Other (specify) _____

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3. Name _____ **Email** _____

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4. Name _____ **Email** _____

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5. Name _____ **Email** _____

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Other (specify) _____

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