

# 2025 MTA Fall Conference

October 1 -2, 2025

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



## Attendee Contact Information

Please print clearly.

Name (as it will appear on your name badge) \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

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) \_\_\_\_\_

I agree to the MTA policies found at [www.mnta.org/event-policies](http://www.mnta.org/event-policies). (Required)

## Conference Registration

	Early Bird (By 9/1)	Regular (After 9/1)
_____ <i>MTA Members</i>	<input type="checkbox"/> \$170	<input type="checkbox"/> \$195
_____ <i>MTA Non-Members</i>	<input type="checkbox"/> \$230	<input type="checkbox"/> \$255

Total \$ \_\_\_\_\_

## List Additional Registrants on Reverse

### 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  
P.O. Box 218  
Madelia, MN 56062  
Ph: 651-288-3724

### Attendee Cancellation

To receive a registration refund, less a \$25 processing fee, all cancellations must be received via the online form found at <https://www.mnta.org/page/cancellation> by 9/1/25 at 11:59 p.m. U.S. Central Time. No refunds will be granted thereafter. No-shows will not be refunded.

### Conference Modification or Cancellation

MTA reserves the right to modify the course's schedule or program as necessary without notice. MTA also reserves the right to cancel this Event, in which case a full refund of the registration fee will be provided. We are unable to refund any travel costs (flight, hotel, etc.) in the case of MTA cancellation.

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## Additional Registrants

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) \_\_\_\_\_

2. 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) \_\_\_\_\_

3. 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) \_\_\_\_\_

4. 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) \_\_\_\_\_

5. 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) \_\_\_\_\_