



MAPMS 2024 ANNUAL CONFERENCE PRE-REGISTRATION

Hyatt Regency, Columbus, OH, 2/26-2/29, 2024

350 North High St.
Columbus, OH 43215
(614)463-1234

REGULAR MEMBER AND EXHIBITOR REGISTRATION DISCOUNT DEADLINE IS 1/26/2024

Conference Registration:

	Before	After
Full Registration (Conference, Banquet & Active Membership Included)	\$300. _____	\$355. _____
If Registering for multiple people, please enter Names and emails on Second page		
Single Day Registration (Conference Only)(Tues Wed).....	\$160. _____	\$185. _____
Exhibitor Registration Fee (Includes one Full Conference Registration).....	\$530. _____	\$680. _____
Extra Booth space (first come first serve, based upon availability).....	\$275. _____	
- Deadline for program and other listings is (insert date)		
- See "Exhibitor Lease Agreement" to register an Exhibitor Space		
Extra Banquet Ticket (Banquet Date 2/28)(price per ticket).....	\$ 90. _____	\$ 110. _____

Sponsorship Opportunities: (Sponsorships must be paid by monetary donations. See Recognition Levels Sheet)

Conference Sponsorship:

Diamond \$2,750+ (incl. 1 Registration and 1 Exhibit) Platinum \$1,250. to \$2,749 (incl. 1 Registration)
Gold \$ 750. to \$ 1,249.
Silver \$ 500. to \$ 749.
Bronze \$ 250. to \$ 499. Conference Sponsorship amount:..... \$ _____.

Northern Lakes Manager Newsletter Sponsorship:

(Includes business card posting in the spring & winter edition of the NLM newsletter)\$100.

Robert L. Johnson Memorial Research Grant Donation..... \$

Sustaining Membership (Special Corporate Recognition in Newsletter, Program, Conference, Banquet and Website).... \$200.

Total Amount due with this form: \$

_____ I wish to use the e-billing option to pay via credit card. (an invoice will be e-mailed to account listed below)

_____ I have enclosed a check payable to "MAPMS".

Name: _____

Company/Institution/Association/etc.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone (Office): _____ E-mail: _____

Contact Hotel By February 19th, 2024

Specify that you are with the "Midwest Aquatic Plant Management Society"(Group G-14EC) to obtain the group room rate.

Group Room Rate is \$139. Per Night

[Click Here to Reserve your Room\(s\)](#)

Please fill out individual forms for each attendee and return to:

MAPMS

C/O 2014 N. Saginaw Rd. Suite 160

Midland, MI 48640

treasurer@mapms.org

Conference t-shirts can be purchased for \$30 each. If you would like to purchase a shirt please indicate your size in the box to the right. If purchasing shirts for other registered attendees, please indicate their size in the table on the next page. Orders placed before 2/2 will be received at conference. Preview image at bottom of page.

Small XL XXXXL

Medium XXL

Large XXXL

Total shirt Order

Total Shirt Cost

Name	Email	Shirt Size (if wanted)



Registration Cancellation Policy: MAPMS will refund conference registration fees minus the \$45. membership fee (when applicable) for any cancellation made prior to February 19th. Cancellations after this date will be subject to forfeiture of all registration fees. The MAPMS Board of Directors and/or Society officials reserves the right in its sole discretion to reject and/or remove any attendee for cause that is not in keeping with purpose of this conference.