



SACRAMENTO/SIERRA NEVADA CHAPTER

M E E T I N G P R O F E S S I O N A L S I N T E R N A T I O N A L

_____ Member _____ Non-member

Name: _____

MPI Member Number: _____

Company/Organization: _____

Title _____

BILLING Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Early Registration

Registration Fees Members/Non Members:

Luncheon Only

\$35/\$45

Onsite

Registration Fees Members/Non Members:

Luncheon Only

\$50/\$65

Total: _____

Method of Payment:

Cash ___ Check # _____ (payable to MPISSN)

Credit Card M/C VISA AmEx

Card Number: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

**P.O. Box 2338, Rocklin, CA 95677
FAX 916-624-2648**