



**MSCA STAR STRATEGY SUMMIT
REGISTRATION FORM**

April 6-7, 2009, Las Vegas, NV

Venetian/Palazzo Hotel and Casino, 3355 Las Vegas Boulevard South, Las Vegas, NV 89109

First Attendee - \$350

Name _____ Nickname for Badge _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Fax _____
 E-mail address _____

Second Attendee – \$300

Name _____ Nickname for Badge _____
 Title _____
 Phone _____ Fax _____
 E-mail address _____

Third Attendee – \$300

Name _____ Nickname for Badge _____
 Title _____
 Phone _____ Fax _____
 E-mail address _____

Registration

Registration fee due at time of registration (all registrations based on first-come first-serve basis—program size limited)

- First Attendee - \$350
- Additional Attendee - \$300

Cancellation

Cancellations must be received 15 days prior to the program or cancellation fee may apply.

Payment (for additional attendees)

- Check (payable to MSCA)
- American Express
- Visa
- MasterCard

Cardholder Name _____
 Signature _____
 Card Number _____
 Exp. Date _____
 ZIP Code where credit card bill is mailed _____
Total Amount: _____

Please return form with payment to:
 Mechanical Service Contractors of America
 1385 Piccard Drive · Rockville, MD 20850
 phone 301-869-5800 · fax 301-990-9690

If hotel reservation is needed, please complete the back of this form



MSCA STAR STRATEGY SUMMIT #2



HOTEL INFORMATION

April 6-7, 2009 – Las Vegas, NV

Venetian/Palazzo Hotel and Casino, 3355 Las Vegas Boulevard South, Las Vegas, NV 89109

All rooms for this event are Palazzo Luxury Suites at a rate of \$199 per night

First Attendee Information

Registrant name _____

Arrival date _____ Departure date _____

One night's deposit by credit card must accompany this form to guarantee a reservation. This deposit will be applied toward the hotel stay. **You will be charged for your entire stay if reservation is cancelled less than 72 hours prior to arrival.**

- American Express
- Visa
- MasterCard

Cardholder name _____

Signature _____

Card number _____ Exp. date _____

Total amount: _____

Second Attendee Information

Registrant name _____

Arrival date _____ Departure date _____

One night's deposit by credit card must accompany this form to guarantee a reservation. This deposit will be applied toward the hotel stay. **You will be charged for your entire stay if reservation is cancelled less than 72 hours prior to arrival.**

- American Express
- Visa
- MasterCard

Cardholder name _____

Signature _____

Card number _____ Exp. date _____

Total amount: _____

Third Attendee Information

Registrant name _____

Arrival date _____ Departure date _____

One night's deposit by credit card must accompany this form to guarantee a reservation. This deposit will be applied toward the hotel stay. **You will be charged for your entire stay if reservation is cancelled less than 72 hours prior to arrival.**

- American Express
- Visa
- MasterCard

Cardholder name _____

Signature _____

Card number _____ Exp. date _____

Total amount: _____

Hotel Arrangements:

Hotel reservations will be made for you at the Venetian/Palazzo Hotel and Casino, 3355 Las Vegas Boulevard South, Las Vegas, NV 89109, phone 702-414-1000 or 877-883-6423, fax 702-414-1100, <http://www.palazzolasvegas.com>. The hotel offers shuttle service to and from McCarran International Airport from 5 a.m. to 2 a.m., which runs hourly. The shuttle service costs \$6 per person.

Room rate is \$199/night plus applicable sales tax (cut-off date **March 6, 2009**)