

Mississippi River Parkway Commission Semi-Annual Meeting Clarksdale, MS | April 2-4, 2019

REGISTRATION FORM (Please return to MRPC National Office, 701 E. Washington Ave. #202, Madison, WI 53703) To receive Early Bird Pricing (marked with an asterisk*), reserve your spot for the 2019 MRPC Semi-Annual Meeting by completing and submitting a form and fee payment by Sunday, March 10. If paying by check, complete the form below and mail it with your registration fee. You can also register online and submit a fee payment through the mail. If paying by credit card, you must fill out the form online at **mrpcmembers.com/meeting**.

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Sessions: Registration fee includes all ses	ssions, meals and transportation.	
S150 Full Days* Price is \$170 after March 10	□ \$125 Spouse/ Guest of Delegate Rate* Price is \$145 after March 10	□\$80 One Day* □Weds. (4/3) □Thurs. (4/4)
Check all of the meals/activities is extremely important for our meal, transport you have questions please contact Susanne	s you will attend: Please indicate which so ortation and admission fee counts that you only at the National Office.	essions you will attend. Please note that it check the sessions that you are attending.
\square Tues. 4/2 - Welcome Reception (light hor	rs d'oeurves, music and drinks) 5:30-8pm	
☐ Wed. 4/3 - Mobile Sessions and Lunch		
☐ Wed. 4/3 - Dinner offsite (Rest Haven Re	staurant) 6-8pm	
☐ Thurs. 4/4 - Catered BBQ Lunch (12-1pm)		
☐ Thurs. 4/4 - Mobile Session of your choic	e (1-5pm). Please choose below:	
☐ Quapaw Canoe* *Minimum numb☐ Grammy Museum in Cleveland a	per of people required and additional fee may ap and Pottery Tour	ply
☐ Check here if you prefer a vegetarian mea	al	
☐ Check here if your state commission will	be paying your registration fee	
Full name (as it should appear on name tag):		
Spouse/Guest of Delegate full name (as it sh	nould appear on name tag):	
Which State Commission do you represent?	(Circle one): AR IL IA KY LA M	IN MS MO TN WI
Are you a first-time attendee? ☐ YES	□NO	
Non-MRPC Delegates, please indicate Organ	nization Name:	
On which technical committee do you curre ☐ Marketing ☐ Culture & Heritage ☐	ntly serve? Transportation	and Agriculture
Address:		
	ZIP:	
	Fax:	
E-Mail:	registration confirmations is via e-mail—please	include your e-mail address
_	Phone:	
Please indicate any special needs you may h	nave related to transportation:	
Discouling and the second seco		
riease list any pre-existing medical conditi	ons or food allergies that might require specia	rattention:

Please make checks payable to: "Mississippi River Parkway Commission." Questions? Call the National Office at 1-866-763-8310. Cancellations made on or prior to Sunday, March 10, will receive a full registration fee refund minus \$20 processing fee. Cancellations made after Sunday, March 10, will not be eligible for a refund.



